FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

N92000000846 (7) **DOCUMENT** # 1. Corporation Name

PLACIDA HARBOUR, SECTION VI CONDOMINIUM ASSOCIAT ION, INC.

Principal Place	of Business	Mailing Address	ling Address			
11000 PLACIDA RO PLACIDA FL 33946		P.O. BOX 366 PLACIDA FL 33946-0366 US				
U\$		US			3. Date Incorporated or Qualified 12/17/1992	3a. Date of Last Report 04/12/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 65-0381891	Applied For
21		26			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for in	_ ~ _
24	25	29	30		Tienda Giardia	Yes No
	9. Name and Address of Curr	ent Registered Agent		r	10. Name and Address of New Re	gistered Agent
			81	Name		
ELAINE ADAMS			82	Street Ac	ddress (P.O. Box Number is Not Acceptable	9)
648 N INDIANA AVE				<u> </u>		
ENGLEV	VOOD FL 34223		83			
			84	City		85 Zip Code
			[,		FL T
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the above	named corp	poration submits this statement for the purp	oose of changing its registered office
or register	red agent, or both, in the State of Fk th, and accept the obligations of Se	orida. Such change was authoru action 617 0503. Florida Statute	zed by the com s.	ioration's bi	oard of directors. I hereby accept the appo	intrient as registered agent. Fam
i	an, and accept this obligations on ce					
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if applicable (N	OTE Registered Age	nt signature req	uired when reinstaling)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		PT	Change Addition
NAME	WILLIAM JEFFERS	-	1.2 NAME		John Venning	~
STREET ADDRESS	3029 FOOTHILLS RANCH [OR .	, 13 STREE	F ADDRESS	11000 Placida Rd.,	#2804
ł	BOULDER CO		1.4 DITY-		Placida , FL	
CITY-ST-ZIP TITLE	VD	DELETE	21 TITLE		VD	Change Addition
NAME	JOHN VENNING		22 NAME		William Jeffers	
,	11000 PLACIDA RD				3029 Foothills Ran	ch Dr.
STREET ADDRESS	PLACIDA FL		2. 4 CITY		Boulder, CO	
CITY-ST-ZIP TITLE	STD	DELETE	3.1 TITLE		STD	Change Addition
NAME	PEGGY VILLELA		3.1 MEE		Peggy Villela	
	11000 PLACIDA RD				11000 Placida Rd.,	#2702
STREET ADDRESS	PLACIDA FL		1			#2102
City-St-2iP	F DAOIDA T L	DELETE	3.4. CITY -	-S1-ZIP	Placida, FL	☐ Change ☐ Addition
TITLE		المنتداد	4 2 NAME	. [
NAME				T ADDRESS		
STREET ACORESS						
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE	ST-ZIP		Change Addition
TITLE		[_Increse				
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY - ST - ZIP			5 4 CITY			☐ Change ☐ Addition
7171 E	i	□ DELETE	61 TITLE			☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

62 NAME

6 3 STREET ADDRESS

64 CITY - ST - ZIP

NAME

STREET ADDRESS

C. Ville (MATGAKET C. VILLELA) 4/16/96
OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #