## 4/27/98 FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # N96000005566 (2)

PLACIDA WAY CONDOMINIUM ASSOCIATION, INC.

## **FILED** Apr 27 1998 8:00am Secretary of State

e la cella e de la la cella a della a della della

Principal Place of Business Mailing Address							r sabittas din takih dititi diniti dakit	)9911 Q <b>0</b> 111 <b>U</b>	MINE BILDI ALLI	) <b>4</b> /112 0111 1801
2800 PLACIDA ROAD STE 110 ENGLEWOOD FL 34224			2800 PLACIDA ROAD STE 110 ENGLEWOOD FL 34224			3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·			
		•,•					10/28/1996 4. FEI Number		<del></del>	4 II4 #
										Applied For
2 Principal	Place of Business	20	Malling Address				65-0749696		<del></del>	Not Applicable
21			26			5. Certificate of Status Desired			Additional Required	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			6. Election Campaign Financing			May Be	
22			27			Trust Fund Contribution			to Fees	
City & St	ale		City & State				7. Is this nonprofit corporation a ho		ors associati No	on?
Zip	Country	28	Zip	Cour	ntr.		<del></del>			
24	25 29		30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of Cu		tered Agent	1901			10. Name and Address of New Re			
		<del></del>		T.	81 Nan	ne				
HANEWINCKEL, DEAN			82			et Addre	ass (P.O. Box Number Is Not Acceptab	nie)		
2800 PLACIDA ROAD STE 110			•=			or Addie	as (1.0. box (umbol is (10) Acceptan	,,,,		
ENGLEWOOD FL 34224				ſ	83					
				- I	84 City				85 Zip	Code
					-			<u>FL</u>	_     '	
11. Pursuar	nt to the provisions of Sections 617	0502 and 6	17.1508, Florida Statu da, Such change was	ites, the ab	ove-nam	ed corpo	oration submits this statement for the pon's board of directors. I hereby accept	ourpose o	of changing pointment a	its registered is registered
agent.	am familiar with, and accept the o	bligations of	f, Section 617.0503, F	lorida Statu	ites.					
SIGNATURE	Signature, typed or printed name of registers		440				d when reinstating)	DATE		
12.		AND DIREC		13,	When shire	iture require	ADDITIONS/CHANGES TO OFFIC		D DIRECTO	DRS IN 12
TITLE	D		DELETE	1.1 TiT	LE				Change	
NAME	WEAVER, ELBERT C	WEAVER, ELBERT C		1.2 NA	1.2 NAME					
STREET ADDRESS	s P O BOX 867 N/A			1.3 STF	REET ADDRES	ss				
_CITY-ST-ZIP	ENGLEWOOD FL 34295			1.4 CIT	Y-ST-ZIP					
TITLE	D		☐ DELETE	2.1 TIT	LE				☐ Change	☐ Addition
NAME	HUNNICUTT, J W			2.2 NA	ME					
STREET ADDRESS	.				REET ADDRES	SS				
CITY-ST-ZIP	ENGLEWOOD FL 34223		☐ DELETE		TY-ST-ZIP	_		<del></del>	☐ Change	Addition
TITLE	D LININGS ITT MOONIA		☐ nerese	3.1 TIT					— cianĝe	
NAME STREET ADDRESS	HUNNICUTT, VIRGINIA S 900 SUNCREST LANE				me Reet addres					
CITY-ST-ZIP	ENGLEWOOD FL 34223				TY-ST-ZIP	~				
TITLE	L-TALLTION I L 07220		DELETE	4.1 TIT		_			Change	Addition
NAME			_	4. 2 NA	ME				_	
STREET ADDRESS	s				REET ADDRES	ss				
CITY-ST-ZIP					Y-ST-ZIP					
TITLE			DELETE	5.1 T(T	LE				Change	Addition
NAME				5.2 NA	ME					
STREET ADDRESS	s			5.3 STF	REET ADDRES	ss				
CITY-ST-ZIP					Y-ST-ZIP					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE			☐ DELETE	6.1 TIT					☐ Change	Addition
NAME				6.2 NAI	-					
STREET ADDRESS	s			6.3 STF	REET ADDRES	ss				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 oath; 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.

SIGNATURE:

CITY-ST-ZIP

4-2181 841-471-1-001