SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Sep 08, 1999 8:00 am Secretary of State 09-08-1999 90006 019 ****61.25

FILED

1999

OCUMENT # N9600005566

. Corporation Name

PLACIDA WAY CONDOMINIUM ASSOCIATION, INC.

rincipal Place of Business 2800 PLACIDA ROAD STE 110 ENGLEWOOD FL 34224 Mailing Address

2800 PLACIDA ROAD STE 110 ENGLEWOOD FL 34224



	- /					1 (001 /10) DIE 18/(0 01/1) EE1/(00		YOURT BINAN ATINA I	
Principal P	lace of Business	2a. Mailing Address				Date Incorporated or Qualifed 10/28/1996			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 65-0749696		— 	olied For Applicable	
City & Stat	de	City & State			5. Certificate of Status Desired		\$8.75 A Fee Red		
Zip	Country 25	Zip	30	Country		Election Campaign Financing Trust Fund Contribution		\$5.00 i Added to	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New F	Registered	Agent	
				81	Name				
	NCKEL, DEAN ACIDA ROAD STE 110		82 Street A			ddress (P.O. Box Number is Not Acceptable)			
	OOD FL 34224			83					
				84	City		FL	85 Zip C	
office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such cha	nao was autho	ndzed by	the comorati	poration submits this statement for the ion's board of directors. I hereby acception	purpose of at the appoi	changing its i ntment as reg	egistered istered
IGNATURE							DATE		
	Signature, typed or printed name of registered age		(NOTE: Reg		it signature require	ad when reinstating) ADDITIONS/CHANGES TO OF		ID DIRECTOR	RS IN 12
<u>. </u>	D OFFICERS AN	ID DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO CI	I IQLITO AI	Change	Addition
LE	Weaver, Elbert C		DELETE						
ME	P O BOX 867 N/A			1.2 NAME		•			
REET ADDRESS	ENGLEWOOD FL 34295				ADDRESS				-
Y-ST-ZIP	D ENGLEWOOD FL 34293		DELETE	1.4 CITY-5	T-ZIP			☐ Change	Addition
Œ	_	Ц	DELETE	2.1 TITLE					(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ME	HUNNICUTT, J W			2.2 NAME					
REET ADDRESS	900 SUNCREST LANE ENGLEWOOD FL 34223		سسسييب	2.3 STREET	. سب	The second second second	 .		٠,
Y-ST-ZIP LE	D ENGLEWOOD PL 34223		DELETE	2.4 CITY-S 3.1 TITLE	11-ZIP	<u> </u>		Change	Addition
	HUNNICUTT, VIRGINIA		DELETE	3.2 NAME				_ ,	_
VIE	900 SUNCREST LANE			3.3 STREET	ADDRESS				
REET ADDRESS	ENGLEWOOD FL 34223		4	3.4. CITY-S	l l				
Y-ST-ZIP .E	ENGLEWOOD I E GYZEG		DELETE	4.1 TITLE	1-21			Change	☐ Addition
Æ.				4. 2 NAME					
REET ADDRESS				4.3 STREET	ADDRESS				
				4.4 CITY-S					ļ
Y-ST-ZIP .E			DELETE	5.1 TITLE				Change	Addition
Æ				5.2 NAME					
EET ADDRESS				5.3 STREET	ADDRESS				
Y-ST-ZIP				5.4 CITY-S	r-ZIP				
E			DELETE	6.1 TITLE	- -			Change	☐ Addition
4F				6.2 NAME	İ				

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

IGNATURE:

EET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/55 (941) 475-5001 Date Phone # CR2E037 (5/95