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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 732920

1. Corporation Name

PARK PLACE OWNERS ASSOCIATION, INC.

Principal Place of Business

1350 SAINT CHARLES PLACE  
 PEMBROKE PINES FL 33026

Mailing Address

1350 SAINT CHARLES PLACE  
 PEMBROKE PINES FL 33026



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/02/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1604092

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOBELI, MURRAY  
 1350 SAINT CHARLES PLACE  
 PEMBROKE PINES FL 33026

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME PDC  
 STREET ADDRESS TOPOLSKY, HARRY J. DR.  
 CITY-ST-ZIP 1000 ST. CHARLES PLACE  
 PEMBROKE PINES FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME VD  
 STREET ADDRESS GOODMAN, BEN  
 CITY-ST-ZIP 1100 ST. CHARLES PLACE  
 PEMBROKE PINES FL

2.1 TITLE  Change  Addition  
 2.2 NAME VD  
 2.3 STREET ADDRESS Koppel, Lloyd  
 2.4 CITY-ST-ZIP 1400 St. Charles Place  
 Pembroke Pines, FL 33026

TITLE  DELETE  
 NAME SD  
 STREET ADDRESS JAY, ABE  
 CITY-ST-ZIP 1400 ST. CHARLES PLACE  
 PEMBROKE PINES FL

3.1 TITLE  Change  Addition  
 3.2 NAME SD  
 3.3 STREET ADDRESS Anderson, Julius  
 3.4 CITY-ST-ZIP 1300 St. Charles Place  
 Pembroke Pines, FL 33026

TITLE  DELETE  
 NAME TD  
 STREET ADDRESS ANDERSON, JULIUS  
 CITY-ST-ZIP 1300 ST. CHARLES PLACE  
 PEMBROKE PINES FL

4.1 TITLE  Change  Addition  
 4.2 NAME TD  
 4.3 STREET ADDRESS Goodman, Ben  
 4.4 CITY-ST-ZIP 1100 St. Charles Place  
 Pembroke Pines, FL 33026

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4/9/99

954-431-4007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)