


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 732920**  
 1. Entity Name  
 PARK PLACE OWNERS ASSOCIATION, INC.



Principal Place of Business      Mailing Address  
 1350 SAINT CHARLES PLACE      1350 SAINT CHARLES PLACE  
 PEMBROKE PINES, FL 33026      PEMBROKE PINES, FL 33026

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
 59-1604092      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GOBELI, MURRAY  
 1350 SAINT CHARLES PLACE  
 PEMBROKE PINES, FL 33026

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC TOPOLSKY, HARRY J. DR. 1000 ST. CHARLES PLACE PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOPPEL, LLOYD 1400 ST. CHARLES PLACE PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELDMAN, NATHAN 1100 ST CHARLES PL PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOODMAN, BEN 1100 ST. CHARLES PLACE PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/20/04-80093-016 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Dr. Harry J. Topolsky, President      Date 1/6/04      Daytime Phone # 954-431-4007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #