


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 732920 1. Entity Name PARK PLACE OWNERS ASSOCIATION, INC. |  |
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|---|---|
| Principal Place of Business 1350 SAINT CHARLES PLACE PEMBROKE PINES, FL 33026 | Mailing Address 1350 SAINT CHARLES PLACE PEMBROKE PINES, FL 33026 |
|---|---|



01102005 No Chg-NP CR2E037 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-1604092 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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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IN THIS SPACE**

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 releasing)

**Filing Fee is \$61.25
Due by May 1, 2005**

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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01/21/05-80043-005 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)(f), 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: _____ **1/17/05** **954-431-4007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #