


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 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**



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

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 01/20/06-80056-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: B Goodman, TREASURER Date: 1/10/06 Daytime Phone #: 954-481-4007