2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 16, 2007 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 PEMBROKE PINES, FL 33026 1350 SAINT CHARLES PLACE PEMBROKE PINES, FL 33026



01042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1604092

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEMBROKE PINES, FL 33026 . .

1100 ST. CHARLES PLACE

PEMBROKE PINES, FL 33026

GOODMAN, BEN

GOBELI, MURRAY 1350 SAINT CHARLES PLACE PEMBROKE PINES, FL 33026

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the obliga	tions of registered agent.	e purpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and ti	ide il applicable. (NOTE, Registered	J Agent signatur	required when re-natating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIR	ECTORS	I		
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				U00000586643 01/17/07-80001-008 61.25
TITLE NAME STREET ADDRESS	SD FELDMAN, NATHAN 1100 ST CHARLES PL			D O	NOT WOITE

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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.

21/	ZNI.	ΛТΙ	IDE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

THLE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/07

Daytime Phone #