

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90020 048 ****61.25

DOCUMENT # N02000005876

1. Entity Name
**PARK PLACE TOWNHOMES PROPERTY OWNERS
ASSOCIATION, INC.**



40053803

Principal Place of Business
**2637 MCCORMICK DR
CLEARWATER, FL 33759 US**

Mailing Address
**2637 MCORMICK DRIVE
CLEARWATER, FL 33759 US**



2. Principal Place of Business
2488 Curlew Rd

3. Mailing Address
2488 Curlew Rd

Suite, Apt. #, etc.
Ste B

Suite, Apt. #, etc.
Ste B

02282005 Chg-NP CR2E037 (10/03)

City & State
Clearwater FL

City & State
Clearwater FL

4. FEI Number
56-2302426

Applied For
☐ Not Applicable

Zip
33761

Country
USA

Zip
33761

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**G. E. FLOWERS, CMCA, AMS
2637 MCORMICK DRIVE
CLEARWATER, FL 33759**

7. Name and Address of New Registered Agent

Name **Association Managed Professionals**
Street Address (P.O. Box Number is Not Acceptable)
2488 Curlew Rd
Ste B
City **Clearwater** FL Zip Code **33761**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FLOWERS, G.G. 2637 MCCORMICK DR CLEARWATER, FL 33759 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MILLER, LARRY 2637 MCCORMICK DR CLEARWATER, FL 33759 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD JACZKO, THERESA 2637 MCCORMICK DR CLEARWATER, FL 33759 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pres. Robert Becker 2488 Curlew Rd Ste B Clearwater FL 33761 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Karl Karcher 2488 Curlew Rd Ste B Clearwater FL 33761 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secy Catherine Urban 2488 Curlew Rd Clearwater FL 33761 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treas. Kevin Wilkins 2488 Curlew Rd Clearwater FL 33761 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dir. Carrie Bebb 2488 Curlew Rd Clearwater FL 33761 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **Robert Becker**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-05
Date

Daytime Phone: #