

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90079 024 ****61.25

DOCUMENT # N02000005876 1. Entity Name PARK PLACE TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2488 CURLEW RD STE B CLEARWATER, FL 33761 US			Mailing Address 2488 CURLEW RD STE B CLEARWATER, FL 33761 US		
2. Principal Place of Business 11350 66th St. N.		3. Mailing Address 11350 66th St. N.			
Suite, Apt. #, etc. Suite 124		Suite, Apt. #, etc. Suite 124			
City & State Largo FL		City & State Largo FL			
Zip 33773		Country Pinellas		Zip 33773	
Country Pinellas		Country Pinellas			
4. FEI Number 56-2302426			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HOLIDAY ISLES PROPERTY MANAGEMENT INC. 11350 66TH ST. N., STE. 124 LARGO, FL 33773			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECKER, ROBERT 2488 CURLEW RD STE B CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Donald Bedwood 7870 66th Way N. Pinellas Park, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KARCHER, KARLA 2488 CURLEW RD STE B CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Suzanne Jene 6663 80th Ave. N. Pinella Park, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT P/VP URBAN, CATHERINE 2488 CURLEW RD CLEARWATER, FL 33761	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Audrey Breuer 7834 66th Way N. Pinellas Park, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILKINS, KEVIN 2488 CURLEW RD CLEARWATER, FL 33761	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR BEBBER, CARRIE 2488 CURLEW RD CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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 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:			CATHERINE URBAN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/20/06 Daytime Phone #: 548.9402		