

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749055** (0)

1. Corporation Name

**PARK PLACE TOWNHOME ASSOCIATION, INC.**



Principal Place of Business <b>5120-H ELMHURST ROAD WEST PALM BEACH FL 33417</b>	Mailing Address <b>4352 FOREST HILL BLVD. WEST PALM BEACH FL 33406 US</b>
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3. Date Incorporated or Qualified

**09/25/1979**

4. FEI Number

**59-1941627**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address *c/o*

**443 Jean Foster Management**

Suite, Apt. #, etc.

**4930 Luwal Drive**

City & State

**W. Palm Beach FL**

Zip

**33415-1333**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

8. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARKES, COLDWALL  
4352 FOREST HILL BLVD.  
WEST PALM BEACH FL 33406**

81 Name

**Jean Foster Management Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)

**4930 Luwal Drive**

83

84 City

**W Palm Beach**

**FL**

85 Zip Code

**33415**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Jean Foster*

*Jean Foster, Managing Agent*

**4-28-98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOSKINS, KAREN</b>	
STREET ADDRESS	<b>5150B ELMHURST RD.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	

1.1 TITLE	<b>VTD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>R. Len Spotts</b>	
1.3 STREET ADDRESS	<b>5100-B Elmhurst Road</b>	
1.4 CITY-ST-ZIP	<b>W Palm Beach FL 33417</b>	

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WALDRON, LISA</b>	
STREET ADDRESS	<b>5110A ELMHURST ROAD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	

2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Dora Maddox</b>	
2.3 STREET ADDRESS	<b>5040-C Elmhurst Road</b>	
2.4 CITY-ST-ZIP	<b>W Palm Beach FL 33417</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>FARR, SANDRA</b>	
STREET ADDRESS	<b>5080F ELMHURST RD.</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	<b>ASD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>O'NAN PAT</b>	
STREET ADDRESS	<b>5040 F ELMHURST RD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>FAGAN, DONNA</b>	
STREET ADDRESS	<b>5100 E ELMHURST ROAD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Donna Fagan*

*Donna Fagan Pres*

**4-28-98**

CR2E037 (10/97)