2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90108 049 ****61.25

DOCUMENT # 749055

1. Entity Name
PARK PLACE TOWN HOME ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5120 H ELMHURST ROAD WEST PALM BEACH, FL. 33417	5120 H ELMHURST RD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9112 ALT A1A	9112 ALT A1A
Suite, Apt. #, etc. SUITE 215	Suite, Apt. #, etc. SUITE 215
City & State NORTH PALM BEACH FL.	City & State NORTH PALM BEACH FL.
Zip 33403 Country USA	Zip 33403 Country USA

4. FEI Number
59-1941627
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOLLENGARDEN, PETER C. ESQ. BECKER & POLIAKOFF 500 AUSTRALIAN, 9th FLOOR WEST PALM BEACH, FL. 33401	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D DOOLEY, BRUCE 5090 E ELMHURST RD. WEST PALM BEACH, FL. 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D GULIE SCHELZINGER 5080 F ELMHURST RD.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D WINSTON LEE 7114 WASHINGTON ROAD WEST PALM BEACH, FL. 33405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES CAMPBELL 5020 F ELMHURST ROAD WEST PALM BEACH, FL. 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD COBB 5100 E ELMHURST ROAD WEST PALM BEACH, FL. 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D WINSTON LEE 7114 WASHINGTON ROAD WEST PALM BEACH, FL. 33405	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COBB, M. JO 5100 G ELMHURST ROAD WEST PALM BEACH, FL. 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOPE VEVERKA 5060 E ELMHURST ROAD WEST PALM BEACH, FL. 33417	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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: WINSTON LEE, SEC. 3/29/2001 561-689-4670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #