2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732920

Entity Name: PARK PLACE OWNERS ASSOCIATION, INC.

Jan 30, 2013 **Secretary of State** CC2800987053

FILED

Current Principal Place of Business:

1350 SAINT CHARLES PLACE PEMBROKE PINES. FL 33026

Current Mailing Address:

1350 SAINT CHARLES PLACE PEMBROKE PINES. FL 33026

FEI Number: 59-1604092 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| Title PRESIDENT, DIRECTOR Title | VP, DIRECTOR |
|---------------------------------|--------------|
|---------------------------------|--------------|

KIBLER, DONALD SCHACHTER, JEFFERY Name Name

Address 1000 ST. CHARLES PLACE # 622 Address 1200 ST. CHARLES PLACE #802 PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 City-State-Zip: City-State-Zip:

Title TREASURER, DIRECTOR Title SECRETARY, DIRECTOR

Name GOODMAN, BEN KOPPEL, HENRY Name

Address 1100 ST. CHARLES PLACE #510 Address 1300 ST CHARLES PLACE # 807 PEMBROKE PINES FL 33026 City-State-Zip: City-State-Zip: PEMBROKE PINES FL 33026

Title DIRECTOR Title **DIRECTOR**

Name LADKANI, WILLIAM SHEY, LEO Name

Address 1400 ST CHARLES PLACE #816 Address 1400 ST CHARLES PLACE # 803 PEMBROKE PINES FL 33026 City-State-Zip: PEMBROKE PINES FL 33026 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name KAISER, STANLEY MANDELL, DONALD Name

1300 ST CHARLES PALCE #622 Address 1400 ST CHARLES PLACE #507 Address City-State-Zip: PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 City-State-Zip:

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

01/30/2013 SIGNATURE: DONALD KIBLER **PRESIDENT**

Officer/Director Detail Continued:

DIRECTOR Title Title **DIRECTOR**

PEREZ, FERNANDO DIMOF, KATHERINE Name Name

Address 1300 ST CHARLES PLACE #510 Address 1200 ST CHARLES PLACE #221 City-State-Zip: PEMBROKE PINES FL 33026 City-State-Zip: PEMBROKE PINES FL 33026

Title **DIRECTOR** Title **DIRECTOR**

KORELITZ, ANN Name Name ROSENBLATT, ROSLYN

Address 1100 ST CHARLES PLACE #705 Address 1200 ST CHARLES PLACE #209 City-State-Zip: PEMBROKE PINES FL 33026 City-State-Zip: PEMBROKE PINES FL 33026

Title **DIRECTOR** Title **DIRECTOR**

Name BEIERSCHMITT, YVONNE OEHLER, GARY Name

1000 ST CHARLES PLACE #814 Address Address 1100 ST CHARLES PLACE #302 City-State-Zip: PEMBROKE PINES FL 33026 City-State-Zip: PEMBROKE PINES FL 33026

Title **DIRECTOR** Title DIRECTOR

Name HIRSCH, FLORENCE Name LEVINE, MAX

Address 900 ST CHARLES PLACE #210 Address 1000 ST CHARLES PLACE #619 City-State-Zip: PEMBROKE PINES FL 33026

Title

DIRECTOR

City-State-Zip: PEMBROKE PINES FL 33026

DIRECTOR Title Name MOSES, MARTIN Name KLAMETZ, TED

Address 900 ST CHARLES PLACE #112 Address 900 ST CHARLES PLACE #304

City-State-Zip: PEMBROKE PINES FL 33026 City-State-Zip: PEMBROPKE PINES FL 33026