#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 732920** 

Entity Name: PARK PLACE OWNERS ASSOCIATION, INC.

FILED Mar 22, 2024 Secretary of State 7974475734CC

Date

# **Current Principal Place of Business:**

1350 SAINT CHARLES PLACE PEMBROKE PINES, FL 33026

## **Current Mailing Address:**

1350 SAINT CHARLES PLACE PEMBROKE PINES. FL 33026 US

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

## Name and Address of Current Registered Agent:

LYONS, SHARON 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: SHARON LYONS 03/22/2024

Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title DIRECTOR Title TREASURER, DIRECTOR DESENA, DONALD Name Name CLINGMAN, CHARLES 1350 ST CHARLES PLACE 1350 ST CHARLES PLACE Address Address PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 City-State-Zip: City-State-Zip:

TitleVP, DIRECTORTitleDIRECTORNameSALGADO, NILSANameTRAHEY, CATHY

Address 1350 ST CHARLES PLACE Address 1350 ST CHARLES PLACE

City-State-Zip: PEMBROKE PINES FL 33026

City-State-Zip: PEMBROKE PINES FL 33026

Title

Title DIRECTOR

Name BOSWELL, CLEOPATRA Name KING, KENNETH

Address 1350 ST CHARLES PLACE

Address 1350 ST CHARLES PLACE

City-State-Zip: PEMBROKE PINES FL 33026

City State Zip: PEMBROKE PINES FL 33026

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

Title DIRECTOR Title DIRECTOR

Name RUIZ, EDNA Name MCMURRAY, HERMAN

Address 1350 ST CHARLES PLACE Address 1350 ST CHARLES PLACE

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

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**DIRECTOR** 

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.

SIGNATURE: LLOYD BENEDICT PRESIDENT 03/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

### Officer/Director Detail Continued:

City-State-Zip: PEMBROKE PINES FL 33026

**DIRECTOR** Title Title PRESIDENT, DIRECTOR BOYD, LINDA BENEDICT, LLOYD Name Name

Address 1350 ST CHARLES PLACE Address 1350 ST CHARLES PLACE City-State-Zip: PEMBROKE PINES FL 33026 City-State-Zip: PEMBROKE PINES FL 33026

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

Name CLABOINE, CASSANDRA Name BROWN, SHARON Address 1350 ST CHARLES PLACE Address 1350 ST CHARLES PLACE

City-State-Zip: PEMBROKE PINES FL 33026 City-State-Zip: PEMBROKE PINES FL 33026 Title SECRETARY, DIRECTOR

Title **DIRECTOR** Name DERRICK, CLAUDETTE AZEVEDO, CARLOS Name Address 1350 ST CHARLES PLACE 1350 ST CHARLES PLACE Address

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

Title **DIRECTOR** Title DIRECTOR

Name GITTENS, DOROTHY Address 1350 SAINT CHARLES PLACE Address 1350 ST CHARLES PLACE City-State-Zip: PEMBROKE PINES FL 33026

Name

ROBINSON, EDNA

Title **DIRECTOR** DIRECTOR Title

Name NOTTE, ROBERT Name VALDES, ARMANDO

Address 1350 SAINT CHARLES PLACE Address 1350 SAINT CHARLES PLACE City-State-Zip: PEMBROKE PINES FL 33026 City-State-Zip: PEMBROKE PINES FL 33026