2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# 729153

Entity Name: PARK PLACE CONDOMINIUM, INC.

Current Principal Place of Business:

609 NE 13 AVE.
FT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1220 MIAMI RD.
SUITE #6
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 59-1525329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHOOP, THOMAS V
1220 MIAMI RD
SUITE #6
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DEPERSIA, BARBARA
Address: 609 NE 13TH AVE
City-St-Zip: FT LAUDERDALE, FL 33304

Title: TD ( ) Delete
Name: NOVAK, SAMUEL
Address: 609 NE 13 AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: SD ( ) Delete
Name: KOMAR, STANLEY
Address: 609 NE 13 AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D (X) Delete
Name: ROMANO, JOHN
Address: 609 N.E. 13 AVE
City-St-Zip: FT. LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: ROMANO, JOHN
Address: 609 NE 13 AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBRA DEPERSIA PD 04/03/2006

Electronic Signature of Signing Officer or Director — Date