FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:24

DOCUMENT # 749055 (0)

1. Corporation Name

PARK PLACE TOWNHOME ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5120-H ELMHURST ROAD WEST PALM BEACH FL 33417	5120-H ELMHURST ROAD WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1979
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1941627 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAGG MANAGEMENT & REALTY INC.
~~3020 FAIRLANE FARMS RD.~~
~~STE. 1~~
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3111 45TH STREET - ST. 4
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	HOSKINS, KAREN	1.2 NAME		
STREET ADDRESS	5150B ELMHURST RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	SLOMSKI, DOROTHY	2.2 NAME	JOHN FALCIA	
STREET ADDRESS	5080E ELMHURST RD. delete	2.3 STREET ADDRESS	5080 B Elmhurst Rd	
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	ASD	3.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	FARR, SANDRA	3.2 NAME		
STREET ADDRESS	5060F ELMHURST RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	O'NAN PAT	4.2 NAME		
STREET ADDRESS	5040 F ELMHURST RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME		5.2 NAME	Peggy Hilton	
STREET ADDRESS		5.3 STREET ADDRESS	5150 B Elmhurst Road	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Patricia O'Nan President 3/March 7, 1995 (407) 793-4454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #