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Apr 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33417-4520
4352 Forest Hill Blvd.
West Palm Bch. FL 33406



3. Date Incorporated or Qualified 09/25/1979 3a. Date of Last Report 04/17/1996

4. FEI Number 59-1941627 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAGG MANAGEMENT & REALTY, INC
3144-45 ST
STE 4
WEST PALM BEACH FL 33414

Goldwell Banker
4352 Forest Hill Blvd
West Palm Bch. FL 33406

81 Name Goldwell Banker
82 Street Address (P.O. Box Number is Not Acceptable) 4352 Forest Hill Blvd.
83 West Palm Beach
84 City FL 85 Zip Code 33406

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]*

4. 14. 97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME TD
STREET ADDRESS HOSKINS, KAREN
CITY-ST-ZIP 5150B ELMHURST RD.
WEST PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME PD
STREET ADDRESS WALDRON, LISA
CITY-ST-ZIP 5110A ELMHURST ROAD
WEST PALM BEACH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME SD
STREET ADDRESS FARR, SANDRA
CITY-ST-ZIP 5080F ELMHURST RD.
W. PALM BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME ASD
STREET ADDRESS O'NAN PAT
CITY-ST-ZIP 5040 F ELMHURST RD
WEST PALM BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VP
STREET ADDRESS FAGAN, DONNA
CITY-ST-ZIP 5100 E ELMHURST ROAD
WEST PALM BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: *[Signature]* RE SANDRA FARR

3/4/97

Date

Daytime Phone # 0038493

CR2E037 (9/96)