

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

**4352 FOREST HILL BLVD.
WEST PALM BEACH FL 33406
US**



3. Date Incorporated or Qualified

09/25/1979

4. FEI Number

59-1941627

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address *c/o*

21 Suite, Apt. #, etc.

28 ~~4352~~ *Jean Foster Management*

22 City & State

27 *4930 Luwal Drive*

23 Zip

Country

28 *W. Palm Beach FL*

29 *33415-1333*

30 *US*

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARKES, COLDWALL
4352 FOREST HILL BLVD.
WEST PALM BEACH FL 33406**

81 Name

Jean Foster Management Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

4930 Luwal Drive

83

84 City

W Palm Beach

FL

85 Zip Code

33415

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

Jean Foster

Jean Foster, Managing Agent

4-28-98

Signature, typed or printed name of registered agent and title, if applicable.

(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 **VTD**
1.3 STREET ADDRESS **R. Len Spotts**
1.4 CITY-ST-ZIP **5100-B Elmhurst Road
W Palm Beach FL 33417**

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 **D**
2.3 STREET ADDRESS **Dora Maddox**
2.4 CITY-ST-ZIP **5040-C Elmhurst Road
W Palm Beach FL 33417**

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 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:

Donna Fagan

Donna Fagan Pres

4-28-98

CR2E037 (10/97)