

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 23 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749055  
1. Corporation Name

**PARK PLACE TOWNHOME ASSOCIATION, INC.**

Principal Place of Business <b>5120H Elmhurst Road West Palm Beach, FL 33417</b>	Mailing Address <b>5120H Elmhurst Road West Palm Beach, FL 33417</b>
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*Amendment*

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2b. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>09/25/79</b>
4. FEI Number <b>59-1941627</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**JEAN FOSTER MANAGEMENT, INC.  
4930 LUWAL DRIVE  
WEST PALM BEACH, FL 33415**

10. Name and Address of New Registered Agent  
81 Name **PETER C. MOLLENGARDEN, ESQ.**  
82 Street Address (P.O. Box Number is Not Acceptable) **BECKER & POLLAKOFF**  
83 **500 AUSTRALIAN, 9th FLOOR**  
84 City **WEST PALM BEACH** FL 85 Zip Code **33401**

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 *Peter C. Mollegarden* 6/11/98

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SPOTTS, R. L.</b> <input checked="" type="checkbox"/> DELETE <b>5100-B ELMHURST ROAD</b> <b>WEST PALM BEACH, FL 33417</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> DELETE <b>MADDOX, DORA</b> <b>5040-C ELMHURST ROAD</b> <b>WEST PALM BEACH, FL 33417</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <input checked="" type="checkbox"/> DELETE <b>FARR, SANDRA</b> <b>5060-F ELMHURST ROAD</b> <b>WEST PALM BEACH, FL 33417</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> DELETE <b>PAGAN, DONNA</b> <b>5100-E ELMHURST ROAD</b> <b>WEST PALM BEACH, FL 33417</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PRESIDENT/DIRECTOR</b> <b>BRUCE DOOLEY</b> <b>5090-E ELMHURST ROAD</b> <b>WEST PALM BEACH, FL 33417</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S/D</b> <b>WINSTON LEE</b> <b>7114 WASHINGTON ROAD</b> <b>WEST PALM BEACH, FL 33405</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>JAMES CAMPBELL</b> <b>5020-F ELMHURST ROAD</b> <b>WEST PALM BEACH, FL 33417</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP/T/D</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>M. JO COBB</b> <b>5100-G ELMHURST ROAD</b> <b>WEST PALM BEACH, FL 33417</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3:0000257024</b> <b>06/24/98 01003-006</b> <b>***61.25</b>

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: *Bruce A. Dooley* 6/15/98 561/6845865

CR2E037 (10/97)