

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749055

\* Entity Name

PARK PLACE TOWN HOME ASSOCIATION, INC.

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90108 049 \*\*\*\*61.25

Principal Place of Business

5120 H ELMHURST ROAD  
WEST PALM BEACH, FL. 33417

Mailing Address

5120 H ELMHURST RD.

2. Principal Place of Business

9112 ALT AIA

3. Mailing Address

9112 ALT AIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 215

SUITE 215

City & State

NORTH PALM BEACH FL.

City & State

NORTH PALM BEACH FL.

Zip

33403

Country

USA

Zip

33403

Country

USA

4. FEI Number

59-1941627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOHENBARDEN, PETER C. ESQ.  
BECKER + POLIAKOFF  
500 AUSTRALIAN, 9th FLOOR  
WEST PALM BEACH, FL. 33401

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution: ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to:  
Department of State

10. OFFICERS AND DIRECTORS

TITLE P/D ☒ Delete  
NAME DOOLEY, BRUCE  
STREET ADDRESS 5090 E ELMHURST RD.  
CITY-ST-ZIP WEST PALM BEACH, FL. 33417

TITLE S/D ☐ Delete  
NAME WINSTON LEE  
STREET ADDRESS 7114 WASHINGTON ROAD  
CITY-ST-ZIP WEST PALM BEACH, FL. 33405

TITLE D ☒ Delete  
NAME JAMES CAMPBELL  
STREET ADDRESS 5020 F ELMHURST ROAD  
CITY-ST-ZIP WEST PALM BEACH, FL. 33417

TITLE VPTD ☒ Delete  
NAME M. JO COBB  
STREET ADDRESS 5100 E ELMHURST ROAD  
CITY-ST-ZIP WEST PALM BEACH, FL. 33417

TITLE D ☒ Delete  
NAME COBB, M. JO  
STREET ADDRESS 5100 G ELMHURST ROAD  
CITY-ST-ZIP WEST PALM BEACH, FL. 33417

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Change ☒ Addition  
NAME GULIE SCHREZINGER  
STREET ADDRESS 5080 F ELMHURST RD.  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T/D ☐ Change ☒ Addition  
NAME WINSTON LEE  
STREET ADDRESS 7114 WASHINGTON ROAD  
CITY-ST-ZIP WEST PALM BEACH, FL. 33405

TITLE D ☐ Change ☒ Addition  
NAME HOPE VEVERKA  
STREET ADDRESS 5060 E ELMHURST ROAD  
CITY-ST-ZIP WEST PALM BEACH, FL. 33417

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WINSTON LEE, sec. 3/29/2001 561-689-4670

Date

Daytime Phone #

CR2E037 (11/00)