

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90072 047 ****61.25

DOCUMENT # 749055

1. Entity Name

PARK PLACE TOWNHOME ASSOCIATION, INC.



Principal Place of Business

ELMHURST ROAD
WEST PALM BEACH FL 33417

Mailing Address

JEAN FOSRER MANAGEMENT
1650 N MILITARY TR STE 102
WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

KRIVOK, JAMES N
1818 AUSTRALIAN AVENUE SOUTH
SUITE #400
WEST PALM BEACH FL 33409

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME SPOTTS, RALPH L
STREET ADDRESS 5100 B ELMHURST ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE President ☐ Change ☒ Addition
NAME Stephanie Portus
STREET ADDRESS 5130 B ELMHURST RD.
CITY-ST-ZIP WPB FL 33417

TITLE SD ☒ Delete
NAME VEVERKA, HOPE
STREET ADDRESS 5060 E.ELMHURST ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE VP ☐ Change ☒ Addition
NAME JEFF DRUMMER
STREET ADDRESS 5100 B ELMHURST RD.
CITY-ST-ZIP WPB FL 33417

TITLE TD ☒ Delete
NAME MADDOX, DORA
STREET ADDRESS 5090-C ELMHURST RD
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE SECRETARY ☐ Change ☒ Addition
NAME LINDA SABBER
STREET ADDRESS 7561 BRUNSON DR.
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE D ☒ Delete
NAME MCKINZIE, LISA
STREET ADDRESS 5090-B ELMHURST ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE Treasurer ☐ Change ☒ Addition
NAME ROSIE OTAREGAN I
STREET ADDRESS 5120 B ELMHURST RD.
CITY-ST-ZIP WPB FL 33417

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Tony Francois
STREET ADDRESS 5020 H ELMHURST RD.
CITY-ST-ZIP WPB FL 33417

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #