## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 749055** 

Apr 30, 2008 Secretary of State

Entity Name: PARK PLACE TOWNHOME ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business: ELMHURST ROAD** WEST PALM BEACH, FL 33417 **Current Mailing Address: New Mailing Address:** C/O BANYAN PROPERTY MANAGEMENT INC 2328 S CONGRESS AVE SUITE 1C WEST PALM BEACH, FL 33406 FEI Number: 59-1941627 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DICKER, KRIVOK & STOLOFF, P.A. HILLEY & WYANT-CORTEZ PA 1818 AUSTRALIAN AVENUE SOUTH 860 US HIGHWAY ONE SUITE #400 SUITE #108 WEST PALM BEACH, FL 33409 US NORTH PALM BEACH, FL 33408 US 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: DON HILLEY 04/30/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition POTUS, STEPHANIE Name: Name: 5130 B ELMHURST RD Address: Address: City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: Title: SD () Delete Title: () Change () Addition JABER, LYNDA Name: Name: Address: 7561 BRUNSON CIRCLE Address: City-St-Zip: LAKE WORTH, FL 33411 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LINTON, MICHALE Name: LINTON, MICHALE Name: Address: 106 SEGURA ST Address: 106 SEGURA ST WEST PALM BEACH, FL 33411 City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33411 Title: () Delete Title: () Change () Addition Name: SOLORZANO, DENIS Name: Address: 5120 D ELMHURST RD Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition OTAEGAI, ROSARIO Name: Name: 5120C ELMHURST RD Address: Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33417

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE PORTUS Ρ 04/30/2008