2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# 756444

Entity Name: PARK PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

47 PARK PLACE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

47 PARK PLACE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-2161365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARTSFIELD, BRUCE
14 PARK PLACE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HARTSFIELD, BRUCE	
Address:	14 PARK PLACE	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	VP	( ) Delete
Name:	NELSON, NILS	
Address:	3 PARK TERRACE	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	T	( ) Delete
Name:	SALIMI, DEBBIE	
Address:	48 PARK PLACE	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	S	( ) Delete
Name:	STRANG, SUE	
Address:	327 PARK PLACE W	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	D	( ) Delete
Name:	HERMAN, JUDY	
Address:	11 PARK PLACE	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	D	( ) Delete
Name:	MORGAN, BILL	
Address:	317 PARK PLACE WEST	
City-St-Zip:	ORMOND BEACH, FL 32174	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	GREENBAUM, ALYSE	
Address:	3 PARK PLACE	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	D	(X) Change ( ) Addition
Name:	PERRY, JUDY	
Address:	11 PARK PLACE	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	D	(X) Change ( ) Addition
Name:	GREEN, KATIE	
Address:	9 PARK TERRACE	
City-St-Zip:	ORMOND BEACH, FL 32174	

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: BRUCE HARTSFIELD P 01/07/2008

Electronic Signature of Signing Officer or Director — Date