

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756444

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**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:**

GREEN, KATHERINE L  
9 PARK TERRACE  
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: PRES  
Name: GREEN, KATHERINE L  
Address: 9 PARK TERRACE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP  
Name: JOHNSTON, RALPH  
Address: 38 PARK PLACE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: SEC.  
Name: GREENBAUM, ALYSE  
Address: 3 PARK PLACE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: TRES  
Name: MORRIS, BARBARA  
Address: 320 PARK PLACE W.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D  
Name: BURT, GREGORY  
Address: 21 PARK TERRACE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D  
Name: GARRETT, DORIS  
Address: 14 PARK TERRACE  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: BARBARA B. MORRIS

TRES

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date