


**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

40001000

<b>DOCUMENT # 759310</b>				04-25-2008 90123 018 ***61.25	
1. Entity Name <b>PARK PLACE OF WELLINGTON ASSOCIATION, INC.</b>					
Principal Place of Business <b>A &amp; G MANAGEMENT SERVICES 11360 FORTUNE CIRCLE, # E-6A WELLINGTON, FL 33414 US</b>		Mailing Address <b>A &amp; G MANAGEMENT SERVICES 11924 FOREST HILL BLVD., # 22, PMB-221 WELLINGTON, FL 33414 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		<b>40001000</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>02252008 Chg-NP CR2E037 (12/06)</b>	
City & State		City & State		4. FEI Number <b>59-2328342</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PALERMO, GEORGE J 11924 FOREST HILL BLVD., #22 PMB 221 WELLINGTON, FL 33414</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 <u><i>George Palermo</i></u> <b>George Palermo</b> <u>4/18/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, PETER		NAME		
STREET ADDRESS	11924 FOREST HILL BLVD #22 PMB 221		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAHAM, ALLAN		NAME		
STREET ADDRESS	11924 FOREST HILL BLVD #22 PMB 221		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YORKOFF, ROBERTA		NAME		
STREET ADDRESS	11924 FOREST HILL BLVD #22 PMB 221		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CULBERT, MIRANDA		NAME	<b>D Steve Axelrod</b>	
STREET ADDRESS	11924 FOREST HILL BLVD #22 PMB 221		STREET ADDRESS	<b>11924 Forest Hill Blvd #22-22</b>	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	<b>Wellington, FL 33414</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVER, KARYL		NAME		
STREET ADDRESS	11924 FOREST HILL BLVD #22 PMB 221		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARNETT, RONNIE		NAME		
STREET ADDRESS	11924 FOREST HILL BLVD, #22-221		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>George Palermo</i></u> <b>George Palermo</b> <u>4/18/08</u> <b>561-795-3182</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					