

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90358 035 \*\*\*\*61.25

0028229

**DOCUMENT # N00000005536**



1. Entity Name  
**PARK PLACE AT KING'S MEADOW CONDOMINIUM ASSOCIAT  
ION, INC.**

Principal Place of Business  
**10556 NW 26 ST  
D-201  
MIAMI FL 33172**

Mailing Address  
**10556 NW 26 ST  
D-201  
MIAMI FL 33172**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1047947**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ARROM, ORLANDO  
10556 NW 26 ST STE D-201/3  
MIAMI FL 33173**

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**

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	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DIAZ, ALEJANDRINA</b>	
STREET ADDRESS	<b>9260 SUNSET DRIVE SUITE 119</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PEREZ, LUIS</b>	
STREET ADDRESS	<b>9260 SUNSET DRIVE SUITE 119</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BINKER, BARBARA</b>	
STREET ADDRESS	<b>14305 SW 96 ST 606</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RIZZETTO, SARA</b>	
STREET ADDRESS	<b>14301 S.W. 96 ST. #707</b>	
CITY-ST-ZIP	<b>Miami, FL 33186</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOMINGUEZ, FERNANDO</b>	
STREET ADDRESS	<b>14307 S.W. 96 ST #202</b>	
CITY-ST-ZIP	<b>Miami, FL 33186</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HENAÑO, LUZ MARINA</b>	
STREET ADDRESS	<b>14309 S.W. 96 ST #501</b>	
CITY-ST-ZIP	<b>Miami, FL 33186</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

4/16/03 306-594-5969

CR2E037 (10/02)