

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90264 048 \*\*\*\*61.25

**DOCUMENT # N02000006408**

1. Entity Name  
**PEACHTREE PLACE PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**500 AUSTRALIAN AVENUE SO.  
SUITE 120  
WEST PALM BEACH, FL 33401**

Mailing Address  
**500 AUSTRALIAN AVENUE SO.  
SUITE 120  
WEST PALM BEACH, FL 33401**



03142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0803478**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RHODES, PAUL  
500 AUSTRALIAN AVENUE SO., SUITE 110  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RHODES, PAUL  
500 AUSTRALIAN AVE. SO. #120  
WEST PALM BEACH, FL 33401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LARSON, SALLY  
500 AUSTRALIAN AVE. SO. #120  
WEST PALM BEACH, FL 33401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEDGISTER, ALICIA  
500 AUSTRALIAN AVE. SO. #120  
WEST PALM BEACH, FL 33401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Paul Rhodes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-15-05*  
Date

*816594100*  
Daytime Phone #