

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

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**



DO NOT WRITE IN THIS SPACE

01102006 No Chg-NP

CR2E037 (11/05)

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000553837
05/15/06-80068-012 61.25

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul Rhodes

4/26/06

561-659-5100