



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 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	 01182007 No Chg-NP CR2E037 (4/06) 4. FEI Number 65-0803478 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
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>Sally Larson</u> <u>Sally Larson</u> 4-27-07 561-685-5400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		