2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 29, 2004 8:00 am DOCUMENT # N03000000120 **Secretary of State** 1. Entity Name 03-29-2004 90058 045 ****61.25 PARK PLACE CONDOMINIUM ASSOCIATION OF WINTER PARK, INC. Principal Place of Business Mailing Address 124 E. WELBORNE AVENUE 124 E. WELBORNE AVENUE WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business Mailing Address PD B 44 31<u>02</u> Suite, Apt. #, etc. Suite, Apt. #, etc CR2E037 (11/03) 4. FEI Number Applied For City & State 01-0786743 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32789 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent an BERMAN, REID 2603-B MAITLAND CENTER PARKWAY MAITLAND FL 32751 8. The above named entity submits to he 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 a **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Change Delete TITLE ☐ Addition TITLE Berman, Alan BERMAN, REID NAME NAME 2603-B MAITLAND CENTER PARKWAY 693 N. 1 STREET ADDRESS STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP CITY-ST-ZIP DVP Delete ☐ Addition TITLE BERMAN, ALAN NAME NAME 124 E. WELBORNE AVENUE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP DST Delete TITLE ■ Addition BERMAN, MARCIA NAME NAME 124 E. WELBORNE AVENUE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CDY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this thing ploes 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 perton 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 truetee expowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental coon is true of the corporation or the receiver or trustee empowers of the corporation or the rece changed, or on an attachmen

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