
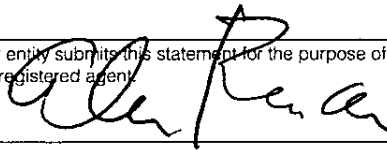
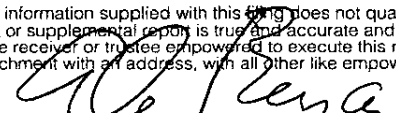


FILED
Mar 29, 2004 8:00 am
Secretary of State

[illegible]

DOCUMENT # N03000000120			
1. Entity Name PARK PLACE CONDOMINIUM ASSOCIATION OF WINTER PARK, INC.			
Principal Place of Business 124 E. WELBORNE AVENUE WINTER PARK FL 32789		Mailing Address 124 E. WELBORNE AVENUE WINTER PARK FL 32789	
2. Principal Place of Business 601 N. Park Ave.		3. Mailing Address PO Box 3102	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32789	Country	Zip 32789	Country USA
6. Name and Address of Current Registered Agent			
BERMAN, REID 2603-B MAITLAND CENTER PARKWAY MAITLAND FL 32751			Name BERMAN, REID
			Street Address 2603-B MAITLAND CENTER PARKWAY
			City Winter Park
			State FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BERMAN, REID 2603-B MAITLAND CENTER PARKWAY MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP BERMAN, ALAN 124 E. WELBORNE AVENUE WINTER PARK FL 32789	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BERMAN, MARCIA 124 E. WELBORNE AVENUE WINTER PARK FL 32789	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
11.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			P B G W VP
TITLE NAME STREET ADDRESS CITY - ST - ZIP			T N G L
12. I hereby certify that the information supplied with this form does not qualify for the exemption stated in 5 indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  ALAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			