2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment,

SIGNATURE:

FILED DOCUMENT # N0300000120 Feb 02, 2007 08:00 AM 1. Entity Name Secretary of State PARK PLACE CONDOMINIUM ASSOCIATION OF WINTER PARK, INC. Principal Place of Business Mailing Address 601 N. PARK AVE PO BOX 3102 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FFI Number 01-0786743 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERMAN, ALAN Street Address (P.O. Box Number is Not Acceptable) 603 N. PÁRK AVE WINTER PARK FL 32789 Zip Codo 8. The above named onliny 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, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. 3 Due: By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change Addition U00000619098 NAME NAME BERMAN, ALAN 02/08/07-80058-001 61.25 STREET ADDRESS STREET ADDRESS 603 N. PARK AVE CITY - ST - ZIP WINTER PARK FL 32789 CITY-ST-ZIP HHE ☐ Delete ШЦ Change ☐ Addition NAME BRYAN, BILL NAME STREET ADDRESS 605 N PARK AVE CITY-SI-7IP WINTER PARK FL 32789 CITY-ST-ZIP TITLE Detete Change Addition NAME NEWBERG, FRANCINE NAME STREET ADDRESS STREET ADDRESS 601 N. PARK AVE CITY-ST-7IP CITY-SI-ZIP WINTER PARK FL 32789 Delete THE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delele HILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CHY-SI-7P TITLE ☐ Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P 12. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and accuraoce pol qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director xegure the roport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 by like ompowered. of the corporation or the receiver or rustee empowered an address, with