

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005750

FILED
Apr 08, 2005
Secretary of State

Entity Name: PARK PLACE TOWNHOMES OF PORT ST. LUCIE ASSOCIATION, INC.

Current Principal Place of Business:

326 NE SURFSIDE AVENUE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

7965 SADDLEBROOK DR
PORT ST. LUCIE, FL 34986

Current Mailing Address:

326 NE SURFSIDE AVENUE
PORT ST. LUCIE, FL 34983

New Mailing Address:

7965 SADDLEBROOK DR
PORT ST. LUCIE, FL 34986

FEI Number: 20-2357494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WITTKE, EUGENE
326 NE SURFSIDE AVENUE
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

WITTKE, EUGENE
7965 SADDLEBROOK DR
PORT ST. LUCIE, FL 34986 US

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.

SIGNATURE:

04/08/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WITTKE, EUGENE
Address: 326 NE SURFSIDE AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VSD () Delete
Name: MORRIS, DEBORAH
Address: 326 NE SURFSIDE AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: WITTKE, EUGENE
Address: 7965 SADDLEBROOK DR
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VSD (X) Change () Addition
Name: MORRIS, DEBRA
Address: 7965 SADDLEBROOK DR
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE WITTKE

PTD

04/08/2005

Electronic Signature of Signing Officer or Director

Date