

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90015 027 ****61.25

DOCUMENT # N04445

1. Entity Name

PARK PLACE CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**31 PARK CIR.
FT. WALTON BEACH FL 32548
US**

**110 PERRY AVE
FORT WALTON BEACH FL 32548
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2504171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARK PLACE CONDO ASSN C/O LAURA B WRIGHT
CONDO ASSN MANAGER
110 PERRY AVE
FT WALTON FL 32548**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW. FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **LITTLEFIELD, BRYCE**
STREET ADDRESS **31 PARK CIRCLE, #15**
CITY-ST-ZIP **FT. WALTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **HUTTO, GARY A**
STREET ADDRESS **31 PARK CIR., #10**
CITY-ST-ZIP **FT. WALTON BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FISHE, BOBBY JR.**
STREET ADDRESS **C/O 110 PERRY AVE**
CITY-ST-ZIP **FT WALTON FL 32548**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LEE, GEORGE**
STREET ADDRESS **902 SHARON PT CIR**
CITY-ST-ZIP **FT WALTON FL 32547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does 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 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 67, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAURA B WRIGHT Condo Assn Mgr 1-10-02
Date Daytime Phone #

CP2E037 (9/01)