02/28/2005 15:20 8508639445 SIGNATURE BUI

Feb 28 05 04:10p LAURA B WRIGHT PA REALTOR 8

**FILED**
**Mar 07, 2005 8:00 am**
**Secretary of State**
02-01-2005 90041 040 ****61.25

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

2/17

DOCUMENT # N04445

1. Entity Name

PARK PLACE CONDOMINIUM OWNERS ASSOCIATION, INC.

66003613

| Principal Place of Business | Mailing Address |
|---|---|
| 31 PARK CIR.<br>FT. WALTON BEACH FL 32548<br>US | 110 PERRY AVE<br>FORT WALTON BEACH FL 32548<br>US |

1st MOORE CR2E037 (10/04)

| 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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1st 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HUTTO, GARY A<br>31 PARK CIR., #1D<br>FT. WALTON BCH FL | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FISHER, BOBBY JR<br>C/O 110 PERRY AVE<br>FT WALTON FL 32548 | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MARTIN, TIMOTHY<br>UNIT # 1B PARK PL CONDO 31 PARK CIR<br>FORT WALTON BEACH FL 32548 | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOLDEN, ROGER<br>110 PERRY AVE<br>FORT WALTON FL 32548 | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 617, 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: Laura B Wright Condo Assn Mgr 1-25-05

(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER) (Title) (Date) (Daytime Phone #)