01/11/2007 14:50 8508639445 SIGNATURE BL
Jan 11 07 03:39p LAURA B WRIGHT PA REALTOR

FILED
Jan 19, 2007 8:00 am
Secretary of State
01-19-2007 90038 042 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01062007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, ROBERT W C/O 110 PERRY AVE FT WALTON, FL 32540	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ~~MCGRATH, MICHAEL~~ ~~C/O 110 PERRY AVE~~ ~~FORT WALTON BEACH, FL 32548~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ralph Rich c/o 110 Perry Ave. Fort Walton Beach, Fl 32548 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, MARGARET C/O 110 PERRY AVE FORT WALTON BEACH, FL 32548	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 exemptions contained in Chapter 119, 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: Robert W. Fisher — ROBERT W. FISHER 1/11/07 8508623600
President / Park Place Condominium
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #