

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N04445

1. Entity Name
 PARK PLACE CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business
 31 PARK CIR.
 FT. WALTON BEACH, FL 32548 US

Mailing Address
 110 PERRY AVE
 FORT WALTON BEACH, FL 32548 US



01032008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2504171	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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)

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000783472
 01/16/08-80015-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FISHER, ROBERT W
STREET ADDRESS	C/O 110 PERRY AVE
CITY-ST-ZIP	FT WALTON, FL 32548
TITLE	D
NAME	RICH, RALPH
STREET ADDRESS	C/O 110 PERRY AVE.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	D
NAME	FOSTER, MARGARET
STREET ADDRESS	C/O 110 PERRY AVE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Fisher **ROBERT FISHER** **President** **1/9/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Doylene Phone #