2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000001362

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

Principal Place of Business
1461 KINETIC ROAD
LAKE PARK, FL 33403

Mailing Address
1461 KINETIC ROAD
LAKE PARK, FL 33403

04022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5164082

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GIBSON, HERBERT C ESQ
303 BANYAN BLVD SUITE 400
WEST PALM BEACH, FL 33401

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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 _____
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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AHRENS, RICHARD C
STREET ADDRESS	1461 KINETIC ROAD
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	VD
NAME	FRANKLIN, DON
STREET ADDRESS	1461 KINETIC ROAD
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	ST
NAME	AHRENS, BARBARA
STREET ADDRESS	1461 KINETIC ROAD
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/07-80003-006 61.25

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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: Barbara Ahrens BARBARA AHRENS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #