

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90396 039 ****61.25

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**

DO NOT WRITE IN THIS SPACE



04092008 No Chg-NP

CR2E037 (4/06)

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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IN THIS SPACE**

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, 2008**

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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/08 561-624-2794