


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N05135
1. Entity Name
**PARK PLACE OF CEDAR KEY CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**211 SECOND STREET
CEDAR KEY, FL 32625 US**

Mailing Address
**P. O. BOX 613
CEDAR KEY, FL 32625 US**



03012006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2555339 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**STARNES, EARL
16450 SW SHELL CREST AVE.
CEDAR KEY, FL 32625**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$81.25
Due by May 1, 2006**

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

11111111465684
03/22/06-80044-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DYE, CAROL 3RD ST CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOLANO, BOB 11229 E RIVERVIEW DRIVE RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT SMALL, RACHEL J 1934 NW 89TH DR GAINESVILLE, FL 326066763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARNES, EARLE 16450 SW SHELLCREST AVE CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURKHARDT, ROBERT 15451 NW 50TH AVE. TRENTON, FL 326937931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **EARL M. STARNES** 8M106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #