


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90015 016 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2555339	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STARNES, EARL 16450 SW SHELL CREST AVE. CEDAR KEY, FL 32625				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLOCKSIEN, PETER		NAME	Alan Lovesky	
STREET ADDRESS	211 2ND ST		STREET ADDRESS	2450 De Soto Rd	
CITY-ST-ZIP	CEDAR KEY, FL 32625		CITY-ST-ZIP	SARA SOTO FL 34243	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLANO, BOB		NAME		
STREET ADDRESS	11229 E RIVERVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL		CITY-ST-ZIP		
TITLE	SDT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, RACHEL J		NAME		
STREET ADDRESS	1934 NW 89TH DR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 326066763		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARNES, EARLE		NAME		
STREET ADDRESS	16450 SW SHELLCREST AVE		STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY, FL 32625		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHARDT, ROBERT		NAME		
STREET ADDRESS	15451 NW 50TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	TRENTON, FL 326937931		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____				Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					