2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006143

FILED Sep 03, 2007 Secretary of State

Entity Name: PARK PLACE TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3901 WINTERHAWK DR. 71 S. DIXIE HIGHWAY #6 ST. AUGUSTINE, FL 32086 ST. AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

3901 WINTERHAWK DR. 71 S. DIXIE HIGHWAY #6 ST. AUGUSTINE, FL 32086 ST. AUGUSTINE, FL 32084

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, KATHERINE G.

790 PONCE DE LEON BLVD.

ST. AUGUSTINE, FL 32084 US

BURK, MARIA M
71 S. DIXIE HIGHWAY #6
ST. AUGUSTINE, FL 32084 US

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.

SIGNATURE: MARIA M. BURK 09/03/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PD (X) Change () Addition
Name: DRUDI, RICHARD III Name: FORRESTER, KENNETH
Address: 148 NESAITH AVE

 Address:
 148 NESMITH AVE.
 Address:
 997 OXFORD DRIVE

 City-St-Zip:
 ST.AUGUSTINE, FL 32084
 City-St-Zip:
 ST.AUGUSTINE, FL 32084

Title: D () Delete Title: SD (X) Change () Addition

Name: DRUDI, LISA Name: REQUARTH, JAN

 Address:
 3901 WINTERHAWK DR.
 Address:
 1590 MASTERS DRIVE #5

 City-St-Zip:
 ST. AUGUSTINE, FL 32086
 City-St-Zip:
 ST. AUGUSTINE, FL 32084

 Name:
 MACMULLEN, RICHARD B.
 Name:
 BAXTER, DEBORAH

 Address:
 4110 TALL TREES LANE
 Address:
 1590 MASTERS DRIVE #6

 City-St-Zip:
 ST. AUGUSTINE, FL 32086
 City-St-Zip:
 ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH FORRESTER DP 09/03/2007