## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N10155**

1. Entity Name

PARK PLACE PLAZA OWNERS' ASSOCIATION, INC.



FILED Jan 11, 2008 08:00 A Secretary of State

Principal Place of Business

323 PAGE BACON RD. MARY ESTHER, FL 32569 Mailing Address

323 PAGE BACON RD. MARY ESTHER, FL. 32569



## DO NOT WRITE IN THIS SPACE

01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2552188

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

CRUCE, HOWARD 24 LAKEWOOD STREET MARY ESTHER, FL 32569

SIGNATURE:

## 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating)  DATE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renistating) DATE					
	Filing Fee Is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution	gnic	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASTONGUAY, FRANK 2532 SAWGRASS NAVARRE, FL		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUCE, HOWARD 24 LAKEWOOD STREET MARY ESTHER, FL 32566				U00000779963 01/14/08-80003-009 61,25
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD MADDEN, JOHN 262 ECHO CR FORT WALTON BEACH, FL 32548				NOT WRITE THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				•••	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Rorida 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, Rorida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an altachment with an address, with all other like empowered.					