

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10155

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** PARK PLACE PLAZA OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

323 PAGE BACON RD.  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

323 PAGE BACON RD.  
MARY ESTHER, FL 32569

**New Mailing Address:**

323 PAGE BACON RD.  
SUITE #13  
MARY ESTHER, FL 32569

**FEI Number:** 59-2552188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUCE, HOWARD  
24 LAKEWOOD STREET  
MARY ESTHER, FL 32569 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: CASTONGUAY, FRANK  
Address: 2532 SAWGRASS  
City-St-Zip: NAVARRE, FL

Title: PD ( ) Delete  
Name: CRUCE, HOWARD  
Address: 24 LAKEWOOD STREET  
City-St-Zip: MARY ESTHER, FL 32566

Title: VD ( ) Delete  
Name: MADDEN, JOHN  
Address: 262 ECHO CR  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: CRUCE, HOWARD  
Address: 24 LAKEWOOD STREET  
City-St-Zip: MARY ESTHER, FL 32569

Title: VPD (X) Change ( ) Addition  
Name: TAYLOR, CECIL  
Address: 41 ASHFORD CT,  
City-St-Zip: MARY ESTHER, FL 32569

Title: SD ( ) Change (X) Addition  
Name: CRUCE, MARY ANN  
Address: 24 LAKEWOOD STREET  
City-St-Zip: MARY ESTHER, FL 32569

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: HOWARD CRUCE

PD

02/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date