

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N12621

1. Entity Name
MARKETPLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

212 EAST STUART AVE.
LAKE WALES, FL 33853 US

Mailing Address

212 EAST STUART AVE.
LAKE WALES, FL 33853 US



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2666511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIBSON, ROBERT L., JR.
212 EAST STUART AVE.
LAKE WALES, FL 33853

**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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------|
| TITLE | PD |
| NAME | GIBSON, ROBERT L., JR. |
| STREET ADDRESS | 212 EAST STUART AVENUE |
| CITY - ST - ZIP | LAKE WALES, FL |
| TITLE | D |
| NAME | VALENTI, JAMES C |
| STREET ADDRESS | 212 EAST STUART AVENUE |
| CITY - ST - ZIP | LAKE WALES, FL |
| TITLE | D |
| NAME | POLK, CHARLIE |
| STREET ADDRESS | 210 E STUART AVE |
| CITY - ST - ZIP | LAKELAND, FL 33853 |
| TITLE | AST |
| NAME | CROSS, DEBORAH K. |
| STREET ADDRESS | 212 E. STUART AVE. |
| CITY - ST - ZIP | LAKE WALES, FL |
| TITLE | D |
| NAME | ROBERT CONNORS |
| STREET ADDRESS | 216 E STUART AVE. |
| CITY - ST - ZIP | LAKE WALES, FL |
| TITLE | D |
| NAME | KINGSLEY, JACK |
| STREET ADDRESS | 214 EAST STUART AVENUE |
| CITY - ST - ZIP | LAKE WALES, FL |

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01/10/05-80074-008 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/05

863-676-8584