


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 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
--	--

DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP CR2E037 (11/05)

4. FEJ Number 59-2666511	Applied For (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

00000384956
 01/17/06-80037-002 61.25

DO NOT WRITE IN THIS SPACE

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 my address, with all other like empowered.

SIGNATURE: [Signature] 1/10/06 863-676-8584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #