

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15242

FILED
May 17, 2006
Secretary of State

Entity Name: PARK PLACE OF OCALA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2605 SW 33RD ST
BLDG #200
OCALA, FL 34474 US

New Principal Place of Business:

1621 NE 2ND ST.
SUITE 301
OCALA, FL 34470 US

Current Mailing Address:

1621 NE 2ND ST.
SUITE 800
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-3111255 **FEI Number Applied For ()** **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:

KIRKPATRICK, KENNETH
2605 SW 33RD ST
BLDG #200
OCALA, FL 34474 US

Name and Address of New Registered Agent:

RIPOSTA, PATTI
1621 NE 2ND ST. #402
OCALA, FL 34470 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: PATTI RIPOSTA

05/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRANK, MIMA
Address: 1621 NE 2 ST #703
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: THORPE, BONNIE
Address: 1621 NE 2ND ST #301
City-St-Zip: OCALA, FL 34470

Title: T/D (X) Delete
Name: PHILLIPS, BOB
Address: 1621 NE 2ND ST. #203
City-St-Zip: OCALA, FL 34470

Title: SD () Delete
Name: RIPOSTA, PATTI
Address: 1621 NE 2ND ST #402
City-St-Zip: OCALA, FL 34470

Title: D (X) Delete
Name: MCDONALD, MIKE
Address: 1621 NE 2ND ST #403
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: CHISOLM, HENRY
Address: 1621 NE 2ND STREET #503
City-St-Zip: OCALA, FL 34470

Title: DST (X) Change () Addition
Name: THORPE, BONNIE
Address: 1621 NE 2ND ST #301
City-St-Zip: OCALA, FL 34470

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

Title: DP (X) Change () Addition
Name: RIPOSTA, PATTI
Address: 1621 NE 2ND ST #402
City-St-Zip: OCALA, FL 34470

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PATTI RIPOSTA

DP

05/17/2006

Electronic Signature of Signing Officer or Director

Date