


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90075 002 ****61.25

DOCUMENT # N18289	
1. Entity Name PARK PLACE VILLAS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2848 PROCTOR RD SARASOTA, FL 34231 US	Mailing Address 2848 PROCTOR RD SARASOTA, FL 34231 US
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02112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2799747	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MILLER MANAGEMENT SERVICES INC
2848 PROCTOR RD
SARASOTA, FL 34231**

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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 reissuing) DATE _____

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE D	POWELL, JOHNNIE
NAME	
STREET ADDRESS	3166 LAKE PARK LANE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE PD	REVOU, ROBERT
NAME	
STREET ADDRESS	3148 LAKE PARK LANE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE TD	JOHNSTON, SID
NAME	
STREET ADDRESS	3147 LAKE PARK LANE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE D	HANEY, JAMES
NAME	
STREET ADDRESS	3121 LAKE PARK LANE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE SD	DUMBAUGH, WINNIFRED
NAME	
STREET ADDRESS	3150 LAKE PARK LN.
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 an address, with all other like empowered.

SIGNATURE: Sid Johnston **Sid Johnston** 4/18/08 (941) 923-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #