


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90146 046 ****61.25

DOCUMENT # N27839 1. Entity Name PLAYER'S RIDGE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2110 S. WASHINGTON AVENUE P.O. BOX 1294 TITUSVILLE, FL 32781-1294 US	Mailing Address 2110 S. WASHINGTON AVENUE TITUSVILLE, FL 32781-1294 US
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02222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2909384	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

TREDER, ROBERTA A.
 2110 S WASHINGTON AVE
 TITUSVILLE, FL 32780

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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	TD HAGGARD, BOB 1217 COUNTRY CLUB DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHTER, TOM 1227 COUNTRY CLUB DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREUSEER, MARGARET 1241-1243 COUNTRY CLUB DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, DENNIS 1225 COUNTRY CLUB DR TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELLING, LEONARD 1233 COUNTRY CLUB DRIVE TITUSVILLE, FL 32780
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 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:  **2/22/05** **3212676616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #