

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90029 006 \*\*\*\*61.25



**DOCUMENT # N27839**

1. Entity Name

**PLAYER'S RIDGE CONDOMINIUM ASSOCIATION, INC.**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-2909384

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TREDER, ROBERTA A  
 2110 S WASHINGTON AVE  
 TITUSVILLE FL 32780

Name Daniel J. Tredar  
 Street Address (P.O. Box Number is Not Acceptable)  
2110 S. Washington Ave  
 City Titusville FL Zip Code 32780

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)

1/23/06  
 DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HAGGARD, BOB	
STREET ADDRESS	1217 COUNTRY CLUB DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHTER, TOM	
STREET ADDRESS	1227 COUNTRY CLUB DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREUSEER, MARGARET	
STREET ADDRESS	1241-1243 COUNTRY CLUB DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, DENNIS	
STREET ADDRESS	1225 COUNTRY CLUB DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TELLING, LEONARD	
STREET ADDRESS	1233 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:

[Signature]

1/23/06