

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33032

FILED
Jan 27, 2009
Secretary of State

Entity Name: CONDOMINIUM MASTER CORPORATION OF PARK PLACE, INC.

Current Principal Place of Business:

211 2ND STREET
CEDAR KEY, FL 32625 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 613
CEDAR KEY, FL 32625 US

New Mailing Address:

FEI Number: 59-3005936 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARNES, EARL
16450 SW SHELL CREST AVENUE
CEDAR KEY, FL 32625 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SMALL, RACHEL J
Address: 1934 NW 89TH DRIVE
City-St-Zip: GAINESVILLE, FL 326066763

Title: VPO () Delete
Name: LAVESKY, ALAN
Address: 2450 DESOTO RD
City-St-Zip: SARASOTA, FL 34243

Title: PD () Delete
Name: STARNES, EARL
Address: 16450 SW SHELL CREST AVENUE
City-St-Zip: CEDAR KEY, FL 32625

Title: VP () Delete
Name: YOKUBANUS, PEGGY
Address: 22 MEADOW RIDGE VIEW
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: BURKHARDT, ROBERT
Address: 15451 NW 50TH AVE.
City-St-Zip: TRENTON, FL 32693

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPO (X) Change () Addition
Name: LOVESKY, ALAN
Address: 2450 DESOTO RD
City-St-Zip: SARASOTA, FL 34243

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

Title: VP (X) Change () Addition
Name: YOKUBONUS, PEGGY
Address: 22 MEADOW RIDGE VIEW
City-St-Zip: ORMOND BEACH, FL 32174

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

I hereby certify that the information supplied with this filing does not qualify 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: EARL STARNES

PD

01/27/2009

Electronic Signature of Signing Officer or Director

_____ Date