


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N94000002026</b> 1. Entity Name <b>PARK PLACE ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>10602 PARK PLACE DRIVE SEMINOLE, FL 33778-3402 US</b>	Mailing Address <b>10602 PARK PLACE DRIVE SEMINOLE, FL 33778-3402 US</b>
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01122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3267073</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WAGNER, HERBERT  
10602 PARK PLACE DRIVE  
SEMINOLE, FL 33778**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS WAGNER, HERBERT 10602 PARK PLACE DR SEMINOLE, FL 33778</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP HEERAN, BRIAN 10642 PARK PLACE DRIVE SEMINOLE, FL 33778</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT BOSSA, GEORGE 10610 PARK PLACE DRIVE SEMINOLE, FL 33778</b>
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05/20/06-80009-005 61.25

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:** H. F. Wagner **1-12-2006** **727 391-0743**

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