

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

DOCUMENT # N94000002026

1. Entity Name
PARK PLACE ESTATES HOMEOWNERS' ASSOCIATION,
INC.



Principal Place of Business
10602 PARK PLACE DRIVE
SEMINOLE, FL 33778-3402 US

Mailing Address
10602 PARK PLACE DRIVE
SEMINOLE, FL 33778-3402 US

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



01122006 No Chg-NP CR2E037 (11/05)

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

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	DPS WAGNER, HERBERT 10602 PARK PLACE DR SEMINOLE, FL 33778
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U000000563367
05/20/06-80009-005 61.25

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HEERAN, BRIAN 10642 PARK PLACE DRIVE SEMINOLE, FL 33778
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**DO NOT WRITE
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOSSA, GEORGE 10610 PARK PLACE DRIVE SEMINOLE, FL 33778
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *H. F. Wagner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2006 727 391-0748
Date Daytime Phone #