

2008 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
Jul 10, 2008 08:00 AM
Secretary of State



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3267073

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 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 _____
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000853916
07/10/08-80005-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WAGNER, HERBERT 10602 PARK PLACE DR SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HEEREN, BRIAN 10642 PARK PLACE DRIVE SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOSSA, GEORGE 10610 PARK PLACE DRIVE SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Herbert F Wagner **HERBERT F. WAGNER** 01-04-08 727 391-0743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #