

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001561

FILED
Apr 22, 2009
Secretary of State

Entity Name: PARK PLACE VILLAS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

PARK PLACE VILLAS
1129 NW 126 PLACE
MIAMI, FL 33182

New Principal Place of Business:

PARK PLACE VILLAS
12696 NW 11 LANE
MIAMI, FL 33182

Current Mailing Address:

C/O TPS MANAGEMENT
P.O. BOX 661554
MIAMI SPRINGS, FL 33266

New Mailing Address:

FEI Number: 65-0983294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 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: PD () Delete
Name: WONG, CARLOS
Address: 1129 NW 126TH PLACE
City-St-Zip: MIAMI, FL 33182

Title: STD () Delete
Name: NIEVES, SERGIO
Address: 12614 NW 11 TERRACE
City-St-Zip: MIAMI, FL 33182

Title: VP () Delete
Name: FRANCISCO, FERNANDEZ
Address: 12620 NW 11 TERRACE
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PRADENAS, ELSY E
Address: 12696 NW 11 LANE
City-St-Zip: MIAMI, FL 33182

Title: STD (X) Change () Addition
Name: MARTIN, RICARDO A
Address: 12684 NW 11 LANE
City-St-Zip: MIAMI, FL 33182

Title: VP (X) Change () Addition
Name: FRANCISCO, FERNANDEZ
Address: 12620 NW 11 TERRACE
City-St-Zip: MIAMI, FL 33182

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: ELSY E. PRADENAS

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date