2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# N96000005053

Entity Name: TOWNHOMES OF PARK PLACE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

8200 EAGLES PARK DRIVE NORTH
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

5901 SUN BLVD.
SUITE 203
ST. PETERSBURG, FL 33715

New Mailing Address:

FEI Number: 59-3405286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWTON, WILLIAM
5901 SUN BLVD
ST. PETERSBURG, FL 33715 US

Name and Address of New Registered Agent:

PBM
5901 SUN BLVD
ST. PETERSBURG, FL 33715 US

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: WCN 01/09/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TEAGUE, BARBARA
Address: 8183 EAGLES PARK DR., N
City-St-Zip: ST. PETERSBERG, FL 33709

Title: PD ( ) Delete
Name: PENNINGTON, JAMES
Address: 8244 EAGLES PARK DR. NORTH
City-St-Zip: ST. PETERSBERG, FL 33709

Title: D ( ) Delete
Name: METCALF, RICHARD
Address: 8181 EAGLES PARK DR. NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: D ( ) Delete
Name: HOFFMAN-WIRTZ, LYNN
Address: 8199 EAGLES PARK DR., N
City-St-Zip: SAINT PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WCN RA 01/09/2008
Electronic Signature of Signing Officer or Director Date