

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90057 019 ****61.25

DOCUMENT # N99000001381

1. Entity Name

PARK PLACE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~2200 LUCIEN WAY #350~~
~~MAITLAND FL 32751~~

~~2200 LUCIEN WAY #350~~
~~MAITLAND FL 32751-7019~~

1416 Concord St. E
Orlando, FL 32803

PO Box 531010
Orlando, FL 32853-1010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~OSWALD, KENNETH P~~
~~600 COURTLAND STREET~~
~~SUITE 110~~
~~ORLANDO FL 32004~~

The Melrose Corporation
1416 Concord Street Est
Orlando **FL** **32803**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jack B. Hanson

4-26-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | T. JEFFERY DODSON | |
| STREET ADDRESS | 2200 LUCIEN WAY #350 | |
| CITY-ST-ZIP | MAITLAND FL 32751 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | D. CURTIS LUNDBERG | |
| STREET ADDRESS | 2989 S.R. 434 #100 | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | MONTGOMERY, KATHERINE | |
| STREET ADDRESS | 237 S. WESTMONTE DRIVE #111 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | AARON, PATRICE | |
| STREET ADDRESS | 2200 LUCIEN WAY #350 | |
| CITY-ST-ZIP | MAITLAND FL 32751 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | CHEMA, JANICE | |
| STREET ADDRESS | 2200 LUCIEN WAY #350 | |
| CITY-ST-ZIP | MAITLAND FL 32751 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bennett, Dana | |
| STREET ADDRESS | 237 S. Westmonte Dr #111 | |
| CITY-ST-ZIP | Altamonte Springs FL 32714 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Wills, Eric | |
| STREET ADDRESS | Same AS Above | |
| CITY-ST-ZIP | | |
| TITLE | Heath, Teri Ann | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Same as Above | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/28/00