

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000001381****1. Entity Name**
PARK PLACE COMMUNITY ASSOCIATION, INC.**Principal Place of Business**
1416 CONCORD STREET E
ORLANDO FL 32803
Mailing Address
P.O. BOX 531010
ORLANDO FL 328531010**2. Principal Place of Business**
635 PARK FOREST COURT
3. Mailing Address
635 PARK FOREST COURT**Suite, Apt. #, etc.****City & State**
APOPKA FL
City & State
APOPKA FL**Zip**
32703
Country
US
Zip
32703
Country
US**4. FEI Number**
59-3578385
Applied For
☐ **Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**THE MELROSE CORPORATION**
1416 CONCORD STREET EST
ORLANDO FL 32803
US**7. Name and Address of New Registered Agent****Name**
WILSON PAT S/T
Street Address (P.O. Box Number is Not Acceptable)
635 PARK FOREST COURT
City
APOPKA FL
Zip Code
32703**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 PAT WILSON**

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

(NOTE: Registered Agent signature required when reinstalling)

04/26/2001

DATE

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	WISE ANNETTE	5009 CUB LAKE DRIVE	APOPKA FL 32703		
D	ROBISON JOHN	647 PARK FOREST COURT	APOPKA FL 32703		
D	WILSON PAT	635 PARK FOREST COURT	APOPKA FL 32703	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	BARTON JOHN	626 PARK FOREST COURT	APOPKA FL 32703	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	WING BILL	627 PARK FOREST COURT	APOPKA FL 32703	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: PAT WILSON**

D

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Faxing Phone #

CR2E037 (11/00)