

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90036 044 ****61.25

DOCUMENT # N99000001381

1. Entity Name

PARK PLACE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

635 PARK FOREST COURT
APOPKA FL 32703
US

Mailing Address

635 PARK FOREST COURT
APOPKA FL 32703
US

34013307



MOORE CR2E037 (11/03)

2. Principal Place of Business

647 Park Forest Court

3. Mailing Address

647 Park Forest Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka FL

City & State

Apopka FL

4. FEI Number

59-3578385

Applied For

Not Applicable

Zip

32703

Country

Seminole

Zip

32703

Country

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, PAT S/T
635 PARK FOREST COURT
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name Robison, John

Street Address (P.O. Box Number is Not Acceptable)
647 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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME WING, BILL
STREET ADDRESS 627 PARK FOREST COURT
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Delete
NAME VP
NAME BARTON, JOHN
STREET ADDRESS 626 PARK FOREST COURT
CITY-ST-ZIP APOPKA FL 32703

TITLE ☒ Delete
NAME WILSON, PAT
STREET ADDRESS 635 PARK FOREST COURT
CITY-ST-ZIP APOPKA FL 32703

TITLE ☒ Delete
NAME LEHEA, ANDY
STREET ADDRESS 651 POND FORREST CT
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Delete
NAME ROBISON, JOHN
STREET ADDRESS 647 PARK FOREST COURT
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition
NAME Mark Haecker
STREET ADDRESS 5009 Cub Lake Drive
CITY-ST-ZIP Apopka, FL 32703

TITLE ☒ Change ☐ Addition
NAME D
NAME Barton, John
STREET ADDRESS 626 Park Forest Court
CITY-ST-ZIP Apopka, FL 32703

TITLE ☐ Change ☒ Addition
NAME Cobia, Roxanne VP
STREET ADDRESS 638 Park Forest Court
CITY-ST-ZIP Apopka, FL 32703

TITLE ☐ Change ☒ Addition
NAME D
NAME Almar, Rudy
STREET ADDRESS 639 Park Forest Court
CITY-ST-ZIP Apopka, FL 32703

TITLE ☒ Change ☐ Addition
NAME sec/treasurer
NAME Robison, John
STREET ADDRESS 647 Park Forest Court
CITY-ST-ZIP Apopka, FL 32703

TITLE ☐ Change ☒ Addition
NAME D
NAME Pruitt Ron
STREET ADDRESS 630 Park Forest Court
CITY-ST-ZIP Apopka, FL 32703

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #