


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90047 048 ****61.25

DOCUMENT # N99000001381	
1. Entity Name PARK PLACE COMMUNITY ASSOCIATION, INC.	

Principal Place of Business 647 PARK FOREST COURT APOPKA FL 32703 US	Mailing Address 647 PARK FOREST COURT APOPKA FL 32703 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State	City & State
Zip	Country

4. FEI Number 59-3578385	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBISON, JOHN 647 PARK FOREST COURT APOPKA FL 32703	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

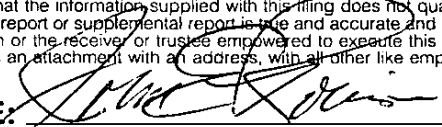
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAECKER, MARK		NAME Will Nieman	
STREET ADDRESS 5009 CUB LAKE DRIVE		STREET ADDRESS 634 Park Forest Court	
CITY-ST-ZIP APOPKA FL 32703		CITY-ST-ZIP Apopka, FL 32703	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORTNER, EILEEN		NAME	
STREET ADDRESS 5005 CUB LAKE DRIVE		STREET ADDRESS	
CITY-ST-ZIP APOPKA FL 32703		CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COBIA, ROXANNE		NAME John Kderth	
STREET ADDRESS 638 PARK FOREST COURT		STREET ADDRESS 635 Park Forest Court	
CITY-ST-ZIP APOPKA FL 32703		CITY-ST-ZIP Apopka, FL 32703	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALMAR, RUDY		NAME Jessica Lee	
STREET ADDRESS 639 PARK FOREST COURT		STREET ADDRESS 650 Park Forest Court	
CITY-ST-ZIP APOPKA FL 32703		CITY-ST-ZIP Apopka, FL 32703	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBISON, JOHN		NAME	
STREET ADDRESS 647 PARK FOREST COURT		STREET ADDRESS	
CITY-ST-ZIP APOPKA FL 32703		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRUITT, RON		NAME	
STREET ADDRESS 630 PARK FOREST COURT		STREET ADDRESS	
CITY-ST-ZIP APOPKA FL 32703		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **John E. Robison** 2-20-06 407 317 7570