


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000001381 1. Entity Name PARK PLACE COMMUNITY ASSOCIATION, INC.	
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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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DO NOT WRITE IN THIS SPACE



02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3578385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBISON, JOHN 647 PARK FOREST COURT APOPKA, FL 32703	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIEMAN, WILL 634 PARK FOREST CT APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTNER, EILEEN 5005 CUB LAKE DRIVE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOERTH, JOHN 635 PARK FOREST CT APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JESSICA 650 PARK FOREST CT APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBISON, JOHN 647 PARK FOREST COURT APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRUITT, RON 630 PARK FOREST COURT APOPKA, FL 32703

U00000621783
02/12/07-80030-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **2-1-07 407298 0602**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #