

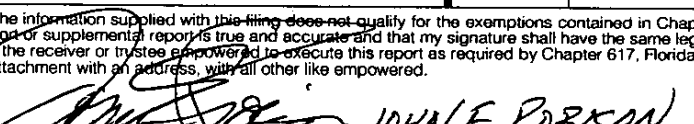


FILED
Apr 07, 2008 8:00 am
Secretary of State

[REDACTED]

DOCUMENT # N99000001381				Secretary of State	
1. Entity Name PARK PLACE COMMUNITY ASSOCIATION, INC.				04-07-2008 90050 001 ***61.25	
Principal Place of Business 647 PARK FOREST COURT APOPKA, FL 32703 US		Mailing Address 647 PARK FOREST COURT APOPKA, FL 32703 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3578385	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBISON, JOHN 647 PARK FOREST COURT APOPKA, FL 32703				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEMAN, WILL		NAME	Keller, Frederick	
STREET ADDRESS	634 PARK FOREST CT		STREET ADDRESS	642 Park Forest Ct	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORTNER, EILEEN		NAME	Nieman, Will	
STREET ADDRESS	5005 CUB LAKE DRIVE		STREET ADDRESS	634 Park Forest Ct	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOERTH, JOHN		NAME		
STREET ADDRESS	635 PARK FOREST CT		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JESSICA		NAME		
STREET ADDRESS	650 PARK FOREST CT		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
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 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:  JOHN E. ROBISON 4-3-08 4073177570					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					