

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001381

Entity Name: PARK PLACE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**1000 PINE HOLLOW PT
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**1000 PINE HOLLOW PT
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 59-3578385**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPECIALTY MANAGEMENT COMPANY OF CENTRAL FLORIDA
1000 PINE HOLLOW PT
ALTAMONTE SPRINGS, FL 32714 US*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:** BRETT M JORDAN

01/29/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	RYALL, DANIELLE
Address	1000 PINE HOLLOW PT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	PRESIDENT
Name	LINCOLN, JENNIFER
Address	1000 PINE HOLLOW PT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	TREASURER
Name	SOKOLOFF, RYAN
Address	1000 PINE HOLLOW PT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	VP
Name	COBIA, ROXANE
Address	1000 PINE HOLLOW PT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	STEWART, STEPHEN
Address	1000 PINE HOLLOW PT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	MANAGER
Name	SPECIALTY MANAGEMENT COMPANY OF CENTRAL FLORIDA
Address	1000 PINE HOLLOW PT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRETT M JORDAN

MANAGER

01/29/2025

Electronic Signature of Signing Officer/Director Detail

Date