## 2000 UNIFORM BUSINESS REPORT (UBR) CLIMENT # 7200AF

Mailing Address

## **FILED** Aug 28, 2000 8:00 am Secretary of State

08-28-2000 90036 034 \*\*\*\*61.25

DOCOMENI	# /2	0300	
Entity Name			

Principal Place of Business

Park Acres	<b>ESTATES</b>	ASSOCIATION,	INC.
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PARK ACRES ESTATES ASSOC.  1802 PARK ACRES DR  1803 PARK ACRES DR  1804 PARK ACRES DR  1805 PARK ACRES DR  1806 PARK ACRES DR  1807 PARK ACRES ESTATES ASSOC  1808 PARK ACRES ESTATES ASSOC  1809 PARK ACRES ESTATES ASSO										
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. Principal P	Principal Place of Business 3. Mailing Address			<b>, 1,1,1</b> ,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1			#10% B10% #19% U.	0))		
Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State	 e	City & State			-	4. FEI Numbe	59-144	8997	<b>→</b>	pplied For ot Applicable
Zip	Country	Zip Co		intry		5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of	New Registere	d Agent	
DONOHUE, ELIZABETH J 635 PARK CIRCLE BRADENTON FL 34207				6! BI	CONNIE O'GRADY ddress (P.O. Box Number is Not Acceptable) 50 PARK CIRCLE					
				City				F	L   Zip Cod	
The above	named entity submits this statement for	or the purpose of changing its re	egistere	BI ed office or	RADE register	NTON——— ed agent, or both	h. in the state		-1.3421	J <del>. / </del>
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.  **GNATURE Signature, typed or printed name of registered agent and title if adplicable. (NOTE: Registered Agent signature required when reinstating)  **DATE**  **DA										
FILE NOW: FEE IS \$61.25  After September 13, 2000 min. will be \$236.25  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Fees  Trust Fund Contribution.  Make Check Payable to Department of State										
0.	OFFICERS AND DI	RECTORS	11.			ADDITIONS/CH/	ANGES TO C	FFICERS AND		
ITLE	LEVE C CRIME A	Delete	TITLS		P	W.T.D. 0.10	n 3 D 17		Change	☐ Addition
AME	JEAN C SHIVELY		NAM			NIE O'G				
Treet address Ity-st-zip	631 PARK CIR Bradenton FL 34207			et adoress -st-zip		PARK C DENTON,		34207		Ì
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Treet address	663 PARK CIR			ET ADDRESS		PARK C				}
ITY-ST-ZIP	BRADENTON FL 34207			-ST-ZIP		DENTON,		34207		
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AME	ADELAIDE M HANSEN		NAM	E	ARN	OLD WOR	THING			
TREET ADDRESS	628 PARK CIR		STRE	et address		PARK CI				
ity-st-zip	BRADENTON FL 34207		CITY	-ST-ZIP		DENTON.		34207		
ITLE	T	<b>∑</b> Delete	TITLE		D	DIMITON	1 13	J 1207 —	🔀 Change	☐ Addition
AME	ELIZABETH J DONOHUE	•	NAM	E	ROB	ERT MCM				
TREET ADDRESS	635 PARK CIR			et address	l .	PARK C				
TY-ST-ZIP	BRADENTON FL 34207		CITY	-ST-ZIP	BRA	DENTON,	FL	34207		
TLE	S	☐ Delete	TITLE						Change	Addition (
AME	RENNEKER, ELIZABETH		NAM							
TREET ADDRESS	2412 COLGATE AVE			ET ADDRESS						}
ITY-ST-ZIP	BRANDENTON FL 34207		-	-ST-ZIP						
ITLE	D	☐ Delete	TITLE						Change	☐ Addition
AME	JOHN E METZ		NAM							1
TREET ADDRESS   ITY-ST-ZIP	611 PARK ACRES BRADENTON FL 34207			et address -st-zip						
	UIUNUTITUUTIL UTEUI									

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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** 

941-753-9091