


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90011 046 ****61.25

DOCUMENT # 720965

1. Entity Name
PARK ACRES ESTATES ASSOCIATION, INC.



Principal Place of Business
**PARK ACRES ESTATES ASSOC.
 4802 PARK ACRES DR
 BRADENTON, FL 34207-2170 US**

Mailing Address
**PARK ACRES ESTATES ASSOC.
 4802 PARK ACRES DR
 BRADENTON, FL 34207-2170 US**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02012006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1448997

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CARSON, FRANK
 603 PARK CIRCLE
 BRADENTON, FL 34207**

7. Name and Address of New Registered Agent
 Name **Philip Indovina**
 Street Address (P.O. Box Number is Not Acceptable) **445 Park Circle**
 City **Bradenton** FL Zip Code **34207**

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 Philip Indovina President 02/02/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	D MEEKS, BETTY 617 PARK CIR. BRADENTON, FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARSON, FRANK 603 PARK CIRCLE BRADENTON, FL 34207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Indovina, Philip <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 445 Park Circle Bradenton, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WORTHING, ARNOLD 676 PARK CIRCLE BRADENTON, FL 34207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lass, Charles <input type="checkbox"/> Change <input type="checkbox"/> Addition 510 47th Ave Bradenton, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMORROW, ROBERT 671 PARK CIRCLE BRADENTON, FL 34207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/Pres Butler, Donald <input type="checkbox"/> Change <input type="checkbox"/> Addition 629 Park Circle Bradenton, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KERBERG, CARLEEN 4803 PARK ACRES DR. BRADENTON, FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Philip Indovina President 02/02/06 941-755-7553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #