


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90061 010 ****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**

QUER...

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01102008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**LUECKE, THOMAS
 4911 14TH ST. W.
 STE 103
 BRADENTON, FL 34207**

4. FEI Number
59-1448997

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____
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, 2008**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DEXTER, JOSEPH	
STREET ADDRESS	4607 PARK ACRES DR.	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANGIONE, ALFONSO	
STREET ADDRESS	667 PARK CIR.	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	T	<input type="checkbox"/> Delete
NAME	LASS, CHARLES	
STREET ADDRESS	510 47TH AVE.	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUTLER, DONALD	
STREET ADDRESS	629 PARK CIRCLE	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	S	<input type="checkbox"/> Delete
NAME	KERBERG, CARLEEN	
STREET ADDRESS	4803 PARK ACRES DR.	
CITY-ST-ZIP	BRANDENTON, FL 34207	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZGERALD, SUE	
STREET ADDRESS	4617 PARK ACRES DR.	
CITY-ST-ZIP	BRADENTON, FL 34207	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Kerberg, Carleen</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Charles Lass* **Charles Lass, Pres** *2/7/08* **941-797-1453**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #