



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N03000001913	
1. Entity Name PARKER PLACE HOMEOWNERS ASSOCIATION OF DUVAL COUNTY, INC.	

Principal Place of Business 13119 PROFESSIONAL DR., STE 200A JACKSONVILLE, FL 32225 US	Mailing Address 13119 PROFESSIONAL DR., STE 200A JACKSONVILLE, FL 32225 US
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DO NOT WRITE IN THIS SPACE

	
01092007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 56-2475610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  TRAYLOR, LINDA F 13119 PROFESSIONAL DR., STE 200A JACKSONVILLE, FL 32225
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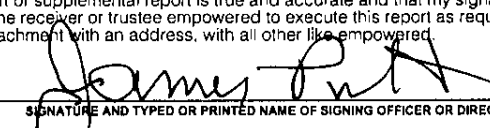
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STOKES, E. CHESTER JR 4315 PABLO OAKS COURT STE 1 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PUTNAL, JAMES E 4315 PABLO OAKS COURT STE 1 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT STE 1 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000698404  
04/19/07-80001-011 61.25

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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: 	Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	