


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90043 039 ****61.25

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # N05137 1. Entity Name THE PROPERTY OWNERS ASSOCIATION OF LAKE PARKER ESTATES, INC. | | | |  | |
| Principal Place of Business 1644 PARKER POINTE BLVD. ODESSA, FL 33556 US | | | Mailing Address 8056 OLD CR 54 NEW PORT RICHEY, FL 34653 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2927270 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| COMMUNITY MGMT 8056 OLD CR 54 NEW PORT RICHEY, FL 34653 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SPEARS, DOUG | | NAME | | |
| STREET ADDRESS | 1514 PARKER POINTE BLVD. | | STREET ADDRESS | | |
| CITY-ST- ZIP | ODESSA, FL 33556 | | CITY-ST- ZIP | | |
| TITLE | VPD <input type="checkbox"/> Delete | | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | MARTIN, RICK | | NAME | Jeff Rapaport | |
| STREET ADDRESS | 1640 PARKER POINTE BLVD. | | STREET ADDRESS | 13522 Lunker Ct | |
| CITY-ST- ZIP | ODESSA, FL 33556 | | CITY-ST- ZIP | Odessa, FL 33556 | |
| TITLE | SD <input checked="" type="checkbox"/> Delete | | TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | JONES, VAUGHN | | NAME | Bob Pyle | |
| STREET ADDRESS | 1648 PARKER POINTE BLVD. | | STREET ADDRESS | 1643 Parker Point Blvd | |
| CITY-ST- ZIP | ODESSA, FL 33556 | | CITY-ST- ZIP | Odessa, FL 33556 | |
| TITLE | D <input checked="" type="checkbox"/> Delete | | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | KOLAR, BEE | | NAME | Beverly Benjamin | |
| STREET ADDRESS | 1410 LAKE PARKER DR | | STREET ADDRESS | 1334 Fishing Lake Drive | |
| CITY-ST- ZIP | ODESSA, FL 33556 | | CITY-ST- ZIP | Odessa, FL 33556 | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PORRECA, JOHN | | NAME | | |
| STREET ADDRESS | 1430 LAKE PARKER DR | | STREET ADDRESS | | |
| CITY-ST- ZIP | ODESSA, FL 33556 | | CITY-ST- ZIP | | |
| TITLE | TD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HERRERO, GERARD | | NAME | | |
| STREET ADDRESS | 1642 PARKER POINTE BLVD. | | STREET ADDRESS | | |
| CITY-ST- ZIP | ODESSA, FL 33556 | | CITY-ST- ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Douglas M. Spears</i> DOUGLAS M. SPEARS - President | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FEBRUARY 1, 2005 (813) 920-5238 | | | | | |



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-2927270** Applied For ☐ Not Applicable ☐

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

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| STREET ADDRESS | |
| CITY-ST- ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Douglas M. Spears* DOUGLAS M. SPEARS - President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FEBRUARY 1, 2005 (813) 920-5238