

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **N47282** (1)

1. Corporation Name
PARKSIDE NEIGHBORHOOD ASSOCIATION OF HUNTER'S GREEN, INC.

Principal Place of Business Mailing Address
8709 HUNTER'S GREEN DRIVE TAMPA FL 33647 **8709 HUNTER'S GREEN DRIVE TAMPA FL 33647**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/12/1992	3a. Date of Last Report 04/04/1994
4. FEI Number 59-3134681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**GREENE WM. BRITTON
8709 HUNTERS GREEN DRIVE
TAMPA FL 33674**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GREENE, WM. B
STREET ADDRESS	8709 HUNTER'S GREEN DR.
CITY - ST - ZIP	TAMPA FL
TITLE	VSTD
NAME	MCMURTRY, NELL L.
STREET ADDRESS	8709 HUNTER'S GREEN DR.
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	BLAKLEY, JOHN C
STREET ADDRESS	8709 HUNTER'S GREEN DR.
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Combs, Bill
1.3 STREET ADDRESS	9410 Oaks Meadow Court
1.4 CITY - ST - ZIP	Tampa, FL 33647
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gallogly, Tom
2.3 STREET ADDRESS	9420 Oak Meadow Court
2.4 CITY - ST - ZIP	Tampa, FL 33647
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Carlson, Allison
3.3 STREET ADDRESS	17722 Ridgeway
3.4 CITY - ST - ZIP	Tampa, FL 33647
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Murphy, Tauna
4.3 STREET ADDRESS	9423 Oak Meadow Court
4.4 CITY - ST - ZIP	Tampa, FL 33647
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary annual 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 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bill Combs* **2-18-95-813-973 4833**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Here