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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47282

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

Principal Place of Business
7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637
US

Mailing Address
7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 7628 N 56TH STREET
Suite, Apt. #, etc.

02/12/1992
4. FEI Number
59-3134681

Applied For
Not Applicable

22 City & State

27 SUITE 8
City & State
28 TAMPA, FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

29 33617 30 US

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LERNER, PATRICIA
420 W. PLATT STREET
TAMPA FL 33606

81 Name
WILLIAM C. SPIVEY

82 Street Address (P.O. Box Number is Not Acceptable)
7628 N. 56TH STREET

83 SUITE 8

84 City TAMPA FL 85 Zip Code 33617

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE WILLIAM C. SPIVEY

4/27/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME SCOTT, RAYMOND
STREET ADDRESS 11738 LONG RIDGE ROAD
CITY-ST-ZIP TAMPA FL

1.1 TITLE TD Change Addition
1.2 NAME ANDERSSON, PEROLA
1.3 STREET ADDRESS 9414 WILLOW COVE CT
1.4 CITY-ST-ZIP TAMPA, FL 33647

TITLE VPD DELETE
NAME UNDERWOOD CELESTE
STREET ADDRESS 9424 WILLOW COVE CT
CITY-ST-ZIP TAMPA FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD DELETE
NAME SAMMIS, CAROL
STREET ADDRESS 11708 LONG RIDGE ROAD
CITY-ST-ZIP TAMPA FL

3.1 TITLE VD Change Addition
3.2 NAME SAMMIS, CAROL
3.3 STREET ADDRESS 17708 LONG RIDGE RD
3.4 CITY-ST-ZIP TAMPA, FL 33647

TITLE TD DELETE
NAME TUDEEN, AL
STREET ADDRESS 9412 OAK MEADOW CT
CITY-ST-ZIP TAMPA FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD DELETE
NAME NATTANS, LAURA
STREET ADDRESS 17716 LONG RIDGE ROAD
CITY-ST-ZIP TAMPA FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental 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, with all other like empowered.

SIGNATURE: RAYMOND P. SCOTT 4/28/99

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

CR2E037 (11/98)