

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-01-2003 90366 030 \*\*\*\*61.25  
N47282

UBR0303

<b>DOCUMENT # N47282</b>	
1. Entity Name <b>PARKSIDE NEIGHBORHOOD ASSOCIATION OF HUNTER'S GR EEN, INC.</b>	
Principal Place of Business <b>16105 N FLORIDA STE A LUTZ FL 33549 US</b>	Mailing Address <b>16105 N FLORIDA STE A LUTZ FL 33549 US</b>
2. Principal Place of Business <b>2180 W SR 434</b>	3. Mailing Address <b>2180 W SR 434</b>
Suite, Apt. #, etc. <b>STE 5000</b>	Suite, Apt. #, etc. <b>STE 5000</b>
City & State <b>LONGWOOD, FL</b>	City & State <b>LONGWOOD, FL</b>
Zip <b>32779</b>	Country <b>USA</b>



03 MAY 15 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

4. FEI Number: <b>59-3134681</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JAMES W. HART JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD FL 32779**

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

FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PULTORAK, NICK 9417 OAK MEADOW TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KARNES, JENNIE 9402 WILLOW COVE TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAMMIS, CAROL 11708 LONG RIDGE ROAD TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIAN, BEN 17720 LONG RIDGE ROAD TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AJD TO PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAUBACK, JOHN 17710 LONG RIDGE ROAD TAMPA FL 33647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARD VERGAUWEN 17729 LONG RIDGE RD TAMPA, FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	I ERIC RUSS 9418 WILLOW COVE CT. TAMPA, FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CFR2037 (10/02)

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: Carol Sammis 4-16-03 727-799-8982  
DATE AND TIME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #