

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000001708 (7)
1. Corporation Name

PARSON'S POND PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 237 HUNT CLUB BLVD. #201 LONGWOOD FL 32779
Mailing Address: 237 HUNT CLUB BLVD. #201 LONGWOOD FL 32779

3. Date Incorporated or Qualified: 04/16/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 2180 WEST SR 434, Suite, Apt. #, etc. 22 5000, City & State 23 LONGWOOD FL, Zip 24 32779, Country 25 USA
2a. Mailing Address: 26 2180 WEST SR 434, Suite, Apt. #, etc. 27 5000, City & State 28 LONGWOOD FL, Zip 29 32779, Country 30 USA

4. FEI Number: 59-2859951
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: VINCENT, P., 237 HUNT CLUB BLVD. #201, LONGWOOD FL 32779

10. Name and Address of New Registered Agent: 81 Name: JAMES W HART JR, 82 Street Address: SENTRY MANAGEMENT INC, 83 2180 WEST SR 434 SUITE 5000, 84 City: LONGWOOD, FL, 85 Zip Code: 32779

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: [Signature] Agent, DATE: 5/29/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEERDAM, A.C. (ED)	
STREET ADDRESS	166 LOOKOUT PL. #100	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VAN ETEN, CHARLOTTE P	
STREET ADDRESS	166 LOOKOUT PLACE, #100	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERMUDEZ, IDA	
STREET ADDRESS	2504 PARSONS POND CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	BARBARA BECZAK	
13 STREET ADDRESS	2419 PARSONS POND CIRCLE	
14 CITY-ST-ZIP	KISSIMMEE, FL	
21 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	THOMAS MCGLINCHAY	
23 STREET ADDRESS	2414 WEYMOUTH COURT	
24 CITY-S -ZIP	KISSIMMEE, FL	
31 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	SARAH QUINONES	
33 STREET ADDRESS	2508 HADLEIGH COURT	
34 CITY-ST-ZIP	KISSIMMEE, FL	
41 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	NORMAN E. LORENZO	
43 STREET ADDRESS	2413 WEYMOUTH COURT	
44 CITY-ST-ZIP	KISSIMMEE, FL	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	NORO O TIZOL	
53 STREET ADDRESS	2469 PARSONS POND CIRCLE	
54 CITY-ST-ZIP	KISSIMMEE, FL	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	600001859156	
63 STREET ADDRESS	-06/12/96--01018--031	
64 CITY-S -ZIP	***61.25	

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 119.07(3)(k), 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.

SIGNATURE: [Signature] BARBARA BECZAK 4-30-96 407-344-0644
DATE: 4-30-96 DAYTIME PHONE: 407-344-0644
TITLE: PRESIDENT

CR2E037 (12/95)