

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N93000001708

1. Corporation Name  
PARSON'S POND PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business: 2180 WEST STATE ROAD 434, SUITE 5000, LONGWOOD FL 32779  
Mailing Address: 2180 WEST STATE ROAD 434, SUITE 5000, LONGWOOD FL 32779

FILED  
99 MAY 10 PM 4:44  
STATE OF FLORIDA

4/11/99 90071/004 \$61.25

21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified	04/16/1993
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4	FBI Number	59-3184297
23	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Country	30		

9	Name and Address of Current Registered Agent	10	Name and Address of New Registered Agent
HART, JAMES W JR SENTRY MANAGEMENT, INC. SUITE 5000 2180 WEST STATE ROAD 434 LONGWOOD FL 32779		81 Name Roger V. Phillips 82 Street Address (P.O. Box Number is Not Acceptable) 1350 Orange Avenue 83 84 City Winter Park FL 85 Zip Code 32789	

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: Roger V. Phillips DATE: 5/6/99  
(NOTE: Registered Agent signature required when nominating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BEZAK, BARBARA		12 NAME	Lorenzo, Norman			
STREET ADDRESS	2419 PARSONS POND CIRCLE		13 STREET ADDRESS	2413 Weymouth Court			
CITY-ST-ZIP	KISSIMEE FL		14 CITY-ST-ZIP	Kissimmee, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	VD	<input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGLINCHEY, THOMAS		22 NAME				
STREET ADDRESS	2414 WEYMOUTH COURT		23 STREET ADDRESS				
CITY-ST-ZIP	KISSIMEE FL		24 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	31 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	QUINONES, SARAH		32 NAME	Bartholomew, Trevor			
STREET ADDRESS	2508 HADLEIGH COURT		33 STREET ADDRESS	2418 Parsons Pond Circle			
CITY-ST-ZIP	KISSIMEE FL		34 CITY-ST-ZIP	Kissimmee, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	STD	<input type="checkbox"/> DELETE	41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOPEZ, ROSA		42 NAME				
STREET ADDRESS	2410 PARSONS POND CIRCLE		43 STREET ADDRESS				
CITY-ST-ZIP	KISSIMEE FL 34744		44 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	QUINONES, MARIBEL		52 NAME	Bruno, Paul			
STREET ADDRESS	2491 PARSONS POND CIRCLE		53 STREET ADDRESS	2411 Weymouth Court			
CITY-ST-ZIP	KISSIMEE FL 34744		54 CITY-ST-ZIP	Kissimmee, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 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, on an attachment with an address, with all other like empowered.

SIGNATURE: Norman E. Lorenzo Pres. DATE: 4-1-99 (407) 344-9920  
SIGNATURE AND TITLE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)