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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743808 (8)
1. Corporation Name
PARKS EDGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business 3201 S W LANDALE BLVD PORT ST LUCIE FL 34953-6358	Mailing Address 3201 S W LANDALE BLVD PORT ST LUCIE FL 34953-6358
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 08/04/1978
4. FEI Number 59-2058764
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**STUMPF, ROBERT J
633 SW OLD BRIAR AVE.
PORT ST. LUCIE FL 34953**

10. Name and Address of New Registered Agent
81 Name Richard A. Thomas
82 Street Address (P.O. Box Number is Not Acceptable) 421 S.W. Ruffner Court
83 City Port St. Lucie, FL 34953
84 City Port St. Lucie, FL
85 Zip Code 34953

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 *Richard A. Thomas* DATE **4/28/98**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D MILLER, RICHARD
STREET ADDRESS	3120 S.W. LANDALE BLVD.
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D VANDENOVER, RUTH
STREET ADDRESS	688 S.W. EVERETT COURT
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D PARLOW, JOAN
STREET ADDRESS	3033 S.W. LONGLEAF COURT
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD STUMPF, ROBERT J
STREET ADDRESS	3201 S W LANDALE BLVD
CITY-ST-ZIP	PORT ST LUCIE FL 34953-6358
TITLE	<input type="checkbox"/> DELETE
NAME	PD THOMAS, RICHARD A
STREET ADDRESS	421 S.W. RUFFNER COURT
CITY-ST-ZIP	PORT ST LUCIE FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD WEAGLE, JEFFREY A
STREET ADDRESS	3201 S W LANDALE BLVD
CITY-ST-ZIP	PORT ST LUCIE FL 34953-6358

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TD J. Donald Geyer
1.3 STREET ADDRESS	457 S.W. Eastport Circle
1.4 CITY-ST-ZIP	Port St Lucie, FL 34953-7127
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD Gilda Weaver
2.3 STREET ADDRESS	620 Everett Court
2.4 CITY-ST-ZIP	Port St. Lucie, FL 34953
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Crump, Eunice
3.3 STREET ADDRESS	350 S.W. Bridgeport Drive
3.4 CITY-ST-ZIP	Port St. Lucie, FL 34953
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Massimino, Cosimo
4.3 STREET ADDRESS	250 S.W. Bridgeport Drive
4.4 CITY-ST-ZIP	Port St. Lucie, FL 34953
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D DuPree, Carmela
5.3 STREET ADDRESS	3161 S.W. Landale Blvd.
5.4 CITY-ST-ZIP	Port St. Lucie, FL 34953
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Simpson, James
6.3 STREET ADDRESS	449 S.W. Belmont Circle
6.4 CITY-ST-ZIP	Port St. Lucie, FL 34953

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.

SIGNATURE: *J. Donald Geyer - Treasurer* DATE **4/9/98** (561) 336-1525
(Signature and typed or printed name of signing officer or director)

CR2E037 (10/97)