

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90044 036 ****61.25

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01262007 Chg-NP CR2E037 (12/06)

DOCUMENT # 743808 1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2058764	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAHILL, DAVID P 333 SW BELMONT CIRCLE PORT ST LUCIE, FL 34953				7. Name and Address of New Registered Agent Name Lecil Woods Street Address (P.O. Box Number is Not Acceptable) 3197 SW Watson Court City Port St. Lucie FL Zip Code 34953	
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 <u><i>Lecil Woods</i></u> 2/8/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CAHILL, DAVID 333 SW BELMONT CIRCLE PORT ST. LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lecil Woods 3197 SW Watson Court Port St. Lucie, FL 34953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLES, SHERWOOD 643 SW EVERETT COURT PORT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Beatrice Dejoie 743 SW Bridgeport Drive Port St. Lucie, FL 34953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEAVER, GILDA 620 SW EVERETT COURT PORT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tina DeRocher 3030 SW Blout Court Port St. Lucie, FL 34953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LENCHES, MARTHA 462 SW EASTPORT CIRCLE PORT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Joseph Howell 680 SW Everett Court Port St. Lucie, FL 34953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDIC, BARBARA 349 SW EASTPORT CIRCLE PORT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Joseph MacMinn 3301 SW Ensley Court Port St. Lucie, FL 34953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIES, TAMMY 373 BELMONT CIRCLE PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Tammy Davies</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/8/07</u> Daytime Phone # _____		