

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 22, 2016
Secretary of State
CC0389815449

Entity Name: PARKSTONE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O WISDOM COMMUNITY MANAGEMENT
2831 RINGLING BLVD BLDG B, SUITE 203-D
SARASOTA, FL 34237

Current Mailing Address:

C/O WISDOM COMMUNITY MANAGEMENT
P.O. BOX 51362
SARASOTA, FL 34232 US

FEI Number: 04-3602133

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIMPE, JULIE
2831 RINGLING BLVD, BLDG B
SUITE 203-D
SARASOTA, FL 34237 US

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.

SIGNATURE: JULIE TRIMPE

03/22/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WILSON, REBECCA
Address C/O THRESHOLD PROPERTY
MGMT.CORP
7723 HOLIDAY DRIVE
City-State-Zip: SARASOTA FL 34231

Title VP
Name STAHL, RAMONA M
Address 3880 DEBERRY DRIVE
City-State-Zip: SARASOTA FL 34233

Title DIRECTOR
Name JONES, GARY
Address C/O THRESHOLD PROPERTY
MGMT.CORP
7723 HOLIDAY DRIVE
City-State-Zip: SARASOTA FL 34231

Title SECRETARY
Name CRABTREE, TONY
Address C/O THRESHOLD PROPERTY
MGMT.CORP
7723 HOLIDAY DRIVE
City-State-Zip: SARASOTA FL 34231

Title TREASURER
Name MOTTOLLA, ROSANNA
Address C/O THRESHOLD PROPERTY
MGMT.CORP
7723 HOLIDAY DRIVE
City-State-Zip: SARASOTA FL 34231

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REBECCA WILSON

PRESIDENT

03/22/2016

Electronic Signature of Signing Officer/Director Detail

Date