## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000895

Entity Name: PARKSTONE HOMEOWNERS ASSOCIATION, INC.

**FILED** Mar 22, 2016 **Secretary of State** CC0389815449

## **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

> Date Electronic Signature of Registered Agent

> > Title

**SECRETARY** 

Officer/Director Detail:

Title Title

Name WILSON, REBECCA Name STAHL, RAMONA M C/O THRESHOLD PROPERTY 3880 DEBERRY DRIVE Address Address MGMT.CORP

City-State-Zip: SARASOTA FL 34233 7723 HOLIDAY DRIVE

SARASOTA FL 34231 City-State-Zip:

Name CRABTREE, TONY **DIRECTOR** Title

Address

C/O THRESHOLD PROPERTY JONES, GARY Name MGMT.CORP

> 7723 HOLIDAY DRIVE MGMT.CORP SARASOTA FL 34231 City-State-Zip:

7723 HOLIDAY DRIVE City-State-Zip: SARASOTA FL 34231

Title **TREASURER** 

Address

Name MOTTOLLA, ROSANNA

C/O THRESHOLD PROPERTY Address

MGMT.CORP

7723 HOLIDAY DRIVE

C/O THRESHOLD PROPERTY

SARASOTA FL 34231 City-State-Zip:

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.

03/22/2016 SIGNATURE: REBECCA WILSON **PRESIDENT**