

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000895

**Entity Name:** PARKSTONE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 23, 2017**  
**Secretary of State**  
**CC4953659824**

**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**

**04/23/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SCHLANGER, LEE  
Address 3804 VIRGA BLVD  
City-State-Zip: SARASOTA FL 34233

Title VP  
Name WOHLFORTH, JENNIFER  
Address 3802 VIRGA BLVD  
City-State-Zip: SARASOTA FL 34233

Title SECRETARY  
Name JONES, GARY  
Address 4107 FORISTALL  
City-State-Zip: SARASOTA FL 34233

Title DIRECTOR  
Name CORREDOR, CESAR  
Address 3843 VIRGA BLVD  
City-State-Zip: SARASOTA FL 34233

Title TREASURER  
Name MOTTOLLA, ROSANNA  
Address 3824 VIRGA BLVD  
City-State-Zip: SARASOTA FL 34233

*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: LEE SCHLANGER**

**PRESIDENT**

**04/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date