5837 TROUBLE CREEK ROAD	
NEW PORT RICHEY, FL 34652	
Current Mailing Address:	
ourrent maning Address.	
5837 TROUBLE CREEK ROAD	
NEW PORT RICHEY, FL 34652 US	
FEI Number: 59-2927270	Certificate of Status De
Name and Address of Current Registered Agent:	
COMMUNITY MANAGEMENT SERVICES, INC.	
5837 TROUBLE CREEK RD	
NEW PORT RICHEY, FL 34652 US	
The above named entity submits this statement for the purpose of changing its registered office or regis	tered agent or both in the State of F

# 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N05137

Entity Name: THE PROPERTY OWNERS ASSOCIATION OF LAKE PARKER ESTATES, INC.

**Current Principal Place of Business:** 

FILED Apr 22, 2013

Secretary of State

CC2106930926

esired: No

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:

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Officer/Director Detail.				
Title	PD	Title	VPD	
Name	PORRECA, JOHN	Name	LARKIN, STEVE	
Address	5837 TROUBLE CREEK ROAD	Address	5837 TROUBLE CREEK ROAD	
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652	
Title	т	Title	S	
Name	YOUNG, BRAD	Name	RABIN, KIMBERLY	
Address	5837 TROUBLE CREEK ROAD	Address	5837 TROUBLE CREEK ROAD	
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652	
Title	D	Title	D	
Name	ABELL, JERRY	Name	HERD, KEN	
Address	5837 TROUBLE CREEK ROAD	Address	5837 TROUBLE CREEK ROAD	
City-State-Zip:	NEW PORT RICHEY FL 33552	City-State-Zip:	NEW PORT RICHEY FL 34652	
Title	DIRECTOR			

Name	LANCE, TERRY		
Address	5837 TROUBLE CREEK RD		
City-State-Zip:	NEW PORT RICHEY FL 34652		

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: JOHN PORRECA

PRESIDENT

Date

Electronic Signature of Signing Officer/Director Detail

Date