

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90048 009 \*\*\*\*61.25

**DOCUMENT # 714390**

1. Entity Name

PARKLAND VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

755 AVENUE Q, SE  
WINTER HAVEN FL 33880- 461  
US

Mailing Address

755 AVENUE Q, SE  
WINTER HAVEN FL 33880- 461  
US

40012703



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-3171439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

EDWARDS, MARTHA T  
783 AVENUE Q, SE  
WINTER HAVEN FL 33880-4616

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VPD  
NAME WHITEHEAD, TRAVIS ☐ Delete  
STREET ADDRESS 755 AVENUE Q, SE  
CITY-ST-ZIP WINTER HAVEN FL 33880-4616

TITLE TD  
NAME BURHANS, CHRIS ☐ Delete  
STREET ADDRESS 755 AVENUE Q, SE  
CITY-ST-ZIP WINTER HAVEN FL 33880-4616

TITLE SD  
NAME EDWARDS, MARTHA T ☐ Delete  
STREET ADDRESS 755 AVENUE Q, SE  
CITY-ST-ZIP WINTER HAVEN FL 33880-4616

TITLE SD  
NAME JACKSON, LUCY H ☐ Delete  
STREET ADDRESS 755 AVENUE Q, SE  
CITY-ST-ZIP WINTER HAVEN FL 33880-4616

TITLE RD  
NAME TEETER, CARROLL ☐ Delete  
STREET ADDRESS 755 AVENUE Q, SE  
CITY-ST-ZIP WINTER HAVEN FL 33880-4616

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME RAWIS, DORIS ☒ Change ☐ Addition  
STREET ADDRESS 731 AVENUE Q, SE  
CITY-ST-ZIP WINTER HAVEN FL 33880-4616

TITLE TD  
NAME BURHANS, CHRIS ☒ Change ☐ Addition  
STREET ADDRESS 793 AVENUE Q, SE  
CITY-ST-ZIP WINTER HAVEN FL 33880-4616

TITLE VPD  
NAME EDWARDS, MARTHA T ☒ Change ☐ Addition  
STREET ADDRESS 783 AVENUE Q, SE  
CITY-ST-ZIP WINTER HAVEN FL 33880-4616

TITLE SD ☒ Change ☐ Addition  
NAME JACKSON, LUCY H.  
STREET ADDRESS 725 AVENUE Q, SE  
CITY-ST-ZIP WINTER HAVEN FL 33880-4616

TITLE PD ☒ Change ☐ Addition  
NAME TEETER, CARROLL  
STREET ADDRESS 725 AVENUE Q, SE  
CITY-ST-ZIP WINTER HAVEN FL 33880-4616

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Carroll Teeter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARROLL TEETER

1/24/05

863-293-5473

Date

Daytime Phone #