

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90064 016 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number **See IRS ltr attached
63-3171439**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2006**

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 **D** ☐ Delete
NAME **RAWIS, DORIS**
STREET ADDRESS **731 AVENUE Q, SOUTHEAST**
CITY-ST-ZIP **WINTER HAVEN FL 33880-4616**

TITLE **TD** ☐ Delete
NAME **BURHANS, CHRIS**
STREET ADDRESS **793 AVENUE Q, SOUTHEAST**
CITY-ST-ZIP **WINTER HAVEN FL 33880-4616**

TITLE **VD** ☐ Delete
NAME **EDWARDS, MARTHA T**
STREET ADDRESS **783 AVENUE Q, SOUTHEAST**
CITY-ST-ZIP **WINTER HAVEN FL 33880-4616**

TITLE **SD** ☐ Delete
NAME **JACKSON, LUCY H**
STREET ADDRESS **725 AVENUE Q, SOUTHEAST**
CITY-ST-ZIP **WINTER HAVEN FL 33880-4616**

TITLE **RD** ☐ Delete
NAME **TEETER, CARROLL**
STREET ADDRESS **725 AVENUE Q, SOUTHEAST**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

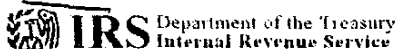
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** **CARROLL TEETER**

4/21/06

863-293-5473



Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0046

In reply refer to: 0223926863

June 30, 2005 LTR 147C

59-3489398 000000 00 000

03018

BODC: NOBOD

PARKLAND VILLAGE HOMEOWNERS
ASSOCIATION, INC.
755 AVE Q SE
WINTERHAVEN FL 33880

Attachment
40019061
#714390



03503

Employer Identification Number: 59-3489398

~~Dear Taxpayer:~~

This is in reply to your correspondence dated May 3, 2005.

This letter confirms that your Employer Identification Number (EIN) as shown on our records is 59-3489398 and your name as shown on our records is Parkland Village Homeowners Association Inc.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank →