2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008
Secretary of State

DOCUMENT# 717542

Entity Name: PARK APARTMENTS ASSOCIATION, INC.

Current Principal Place of Business:

220 N. PARK BLVD #205
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

C/O DEBBIE ALLSION
790 E. BAFFIN DR.
VENICE, FL 34293

New Mailing Address:

C/O DEBBIE ALLSION
816 BEVERLY RD
VENICE, FL 34293

FEI Number: 59-1385349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLISON, DEBBIE
790 E. BAFFIN DR
VENICE, FL 34293 US

Name and Address of New Registered Agent:

ALLISON, DEBBIE
816 BEVERLY RD
VENICE, FL 34293 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: _____ 05/07/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PAINCHAUD, DELORES
Address: 220 PARK BLVD N. #205
City-St-Zip: VENICE, FL 34285

Title: VD ( ) Delete
Name: FAULKNER, CRAIG
Address: 2798 KENNEDY DR
City-St-Zip: VENICE, FL 34292

Title: SD ( ) Delete
Name: ALLISON, DEBBIE
Address: 790 E. BAFFIN DR
City-St-Zip: VENICE, FL 34293

Title: TD ( ) Delete
Name: ALLISON, DEBBIE
Address: 790 E. BAFFIN DR.
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: ALLISON, DEBBIE
Address: 816 BEVERLY RD
City-St-Zip: VENICE, FL 34293

Title: TD (X) Change ( ) Addition
Name: ALLISON, DEBBIE
Address: 816 BEVERLY RD.
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBBIE ALLISON SD 05/07/2008
Electronic Signature of Signing Officer or Director — Date