

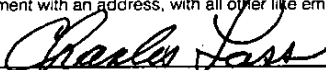


FILED
Feb 11, 2008 8:00 am
Secretary of State

400600

DOCUMENT # 720965				02-11-2008 90061 010 ****61.25	
1. Entity Name PARK ACRES ESTATES ASSOCIATION, INC.					
Principal Place of Business PARK ACRES ESTATES ASSOC. 4802 PARK ACRES DR BRADENTON, FL 34207-2170 US		Mailing Address PARK ACRES ESTATES ASSOC. 4802 PARK ACRES DR BRADENTON, FL 34207-2170 US		400000	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1448997	
Zip		Zip		Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LUECKE, THOMAS 4911 14TH ST. W. STE 103 BRADENTON, FL 34207				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEXTER, JOSEPH	NAME			
STREET ADDRESS	4607 PARK ACRES DR.	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34207	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANGIONE, ALFONSO	NAME			
STREET ADDRESS	667 PARK CIR.	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34207	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LASS, CHARLES	NAME			
STREET ADDRESS	510 47TH AVE.	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34207	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTLER, DONALD	NAME			
STREET ADDRESS	629 PARK CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34207	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KERBERG, CARLEEN	NAME	Kerberg, Carleen		
STREET ADDRESS	4803 PARK ACRES DR.	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34207	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FITZGERALD, SUE	NAME			
STREET ADDRESS	4617 PARK ACRES DR.	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34207	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Charles Lass, Treas		3/7/08 941-739-1453	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	