

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 743808 (8)

1. Corporation Name

PARKS EDGE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3201 S W LANDALE BLVD
 PORT ST LUCIE FL 34953

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 PORT ST LUCIE FL 34953

3. Date Incorporated or Qualified
08/04/1978

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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4. FEI Number
59-2058764

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUPREE, CARMELA
 3161 S.W. LANDALE BLVD.
 PORT ST. LUCIE FL 34953**

81 Name **Robert J. Stumpf**

82 Street Address (P.O. Box Number is Not Acceptable)
633 SW Old Briar Ave.

83

84 City **Port St. Lucie, FL** 85 Zip Code **34953**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
 NAME **GIBBINS, EUGENE**
 STREET ADDRESS **258 S.W. BRIDGEPORT DR.**
 CITY-ST-ZIP **PORT ST. LUCIE FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **SD** DELETE
 NAME **VANDENOVER, RUTH**
 STREET ADDRESS **668 S.W. EVERETT COURT**
 CITY-ST-ZIP **PORT ST. LUCIE FL**

2.1 TITLE Change Addition
 2.2 NAME **D VANDENOVER, RUTH**
 2.3 STREET ADDRESS **668 SW Everett Court**
 2.4 CITY-ST-ZIP **Port St. Lucie, FL**

TITLE **VP** DELETE
 NAME **WEINSTEIN, MILTON**
 STREET ADDRESS **613 S.W. EVERETT COURT**
 CITY-ST-ZIP **PORT ST. LUCIE FL**

3.1 TITLE Change Addition
 3.2 NAME **D WEINSTEIN, MILTON**
 3.3 STREET ADDRESS **613 SW Everett Court**
 3.4 CITY-ST-ZIP **Port St. Lucie, FL**

TITLE **PD** DELETE
 NAME **DUPREE, CARMELA**
 STREET ADDRESS **3161 SW LANDALE BLVD**
 CITY-ST-ZIP **PORT ST. LUCIE FL**

4.1 TITLE Change Addition
 4.2 NAME **PD STUMPF, ROBERT J.**
 4.3 STREET ADDRESS **633 SW Old Briar Ave.**
 4.4 CITY-ST-ZIP **Port ST. Lucie, FL**

TITLE **D** DELETE
 NAME **HOLLIS, JAY**
 STREET ADDRESS **613 SW BELMONT CIR**
 CITY-ST-ZIP **PORT ST LUCIE, FL 00000**

5.1 TITLE Change Addition
 5.2 NAME **VP PARSLow, JOAN**
 5.3 STREET ADDRESS **3033 SW Longleaf Court**
 5.4 CITY-ST-ZIP **Port St. Lucie, FL**

TITLE **TD** DELETE
 NAME **TEBBS, ALBERT**
 STREET ADDRESS **333 S.W. BELMONT CIRCLE**
 CITY-ST-ZIP **PORT ST. LUCIE FL**

6.1 TITLE Change Addition
 6.2 NAME **TD GEYER, DONALD**
 6.3 STREET ADDRESS **457 SW Eastport Circle**
 6.4 CITY-ST-ZIP **Port St. Lucie, FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Stumpf

6-15-96 407-936-042

Date

Day/Time Phone #

CR2E037 (3/96)