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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 3201 S W LANDALE BLVD PORT ST LUCIE FL 34953
Mailing Address: 3201 S W LANDALE BLVD PORT ST LUCIE FL 34953-6358

3. Date Incorporated or Qualified: 08/04/1978
3a. Date of Last Report: 06/14/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2058764		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24		29					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STUMPF, ROBERT J 633 SW OLD BRIAR AVE. PORT ST. LUCIE FL 34953				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBBINS, EUGENE	1.2 NAME	Miller, Richard
STREET ADDRESS	258 S.W. BRIDGEPORT DR.	1.3 STREET ADDRESS	3120 S.W. Landale Blvd.
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	Port St. Lucie, FL 34953
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANDENOVER, RUTH	2.2 NAME	Crump, Eunice
STREET ADDRESS	688 S.W. EVERETT COURT	2.3 STREET ADDRESS	350 S.W. Bridgeport Dr.
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	Port St. Lucie, FL 34953
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, MILTON	3.2 NAME	Parslow, Joan
STREET ADDRESS	613 S.W. EVERETT COURT	3.3 STREET ADDRESS	3033 S.W. Longleaf Court
CITY-ST-ZIP	PORT ST. LUCIE FL	3.4 CITY-ST-ZIP	Port St. Lucie, FL 34953
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUMPF, ROBERT J	4.2 NAME	Weagle, Jeffrey
STREET ADDRESS	633 SW OLD BRIAR AVE	4.3 STREET ADDRESS	357 S.W. Belmont Circle
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP	Port St. Lucie, FL 34953
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARSLOW, JOAN	5.2 NAME	Thomas, Richard A.
STREET ADDRESS	3033 SW LONGLEAF CT	5.3 STREET ADDRESS	421 S.W. Ruffner Court
CITY-ST-ZIP	PORT ST LUCIE, FL 00000	5.4 CITY-ST-ZIP	Port St. Lucie, FL 34953
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEYER, DONALD	6.2 NAME	Massimino, Cosimo
STREET ADDRESS	457 SW EASTPORT CIRCLE	6.3 STREET ADDRESS	250 S.W. Bridgeport Drive
CITY-ST-ZIP	PORT ST. LUCIE FL	6.4 CITY-ST-ZIP	Port St. Lucie, FL 34953

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07 of the Florida Statutes. I do hereby 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: Donald Geyer DATE: 4/21/97 (561) 336-1525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)