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03-04-1999 90245 044 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743808

1. Corporation Name
PARKS EDGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business 3201 S W LANDALE BLVD PORT ST LUCIE FL 34953-6358	Mailing Address 3201 S W LANDALE BLVD PORT ST LUCIE FL 34953-6358
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/04/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2058764
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent THOMAS, R A 421 SW RUFFNER CT PSL FL 34953	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME MILLER, RICHARD STREET ADDRESS 3120 S.W. LANDALE BLVD. CITY-ST-ZIP PORT ST. LUCIE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE TD 1.2 NAME DuPree, Carmela 1.3 STREET ADDRESS 3161 SW :andale Blvd. 1.4 CITY-ST-ZIP Port St. Lucie, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME WEAVER, G STREET ADDRESS 620 EVERETT CT CITY-ST-ZIP PORT ST. LUCIE FL 34953	<input type="checkbox"/> DELETE	2.1 TITLE TD 2.2 NAME J. Donald Geyer 2.3 STREET ADDRESS 457 SW Eastport Circle 2.4 CITY-ST-ZIP Port St. Lucie, FL 34953	XDelete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CRUMP, E STREET ADDRESS 350 SW BRIDGEPORT DR CITY-ST-ZIP PORT ST. LUCIE FL 34953	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VD 3.2 NAME Parslow, Joan 3.3 STREET ADDRESS 3033 SW Longleaf Court 3.4 CITY-ST-ZIP Port St. Lucie, FL 34953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MASSIMINO, C STREET ADDRESS 250 SW BRIDGEPORT DR CITY-ST-ZIP PORT ST LUCIE FL 34953	<input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME Karen Messer 4.3 STREET ADDRESS 242 SW Bridgeport Drive 4.4 CITY-ST-ZIP Port ST. Lucie, FL 34953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME THOMAS, RICHARD A STREET ADDRESS 421 S.W. RUFFNER COURT CITY-ST-ZIP PORT ST LUCIE FL	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME Norma Tebbs 5.3 STREET ADDRESS 333 SW Belmont Circle 5.4 CITY-ST-ZIP Port St. Lucie, FL 34953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME WEAGLE, JEFFREY A STREET ADDRESS 3201 S W LANDALE BLVD CITY-ST-ZIP PORT ST LUCIE FL 34953-6358	<input type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME Weagle, Jeffrey 6.3 STREET ADDRESS 357 SW Belmont Circle 6.4 CITY-ST-ZIP Port St. Lucie, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Carmela Dupree* SIGNATURE REQUIRED: *CARMELA DUPREE* TREASURER
 DATE: 2/18/99 DAYTIME PHONE #: (561) 336-1525

CR2E037 (11/98)