

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90164 001 ****61.25

DOCUMENT # 743808

1. Entity Name

PARKS EDGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2058764

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARSLOW, JOAN E
3033 S.W. LONGLEAF CT
PORT ST LUCIE FL 34953

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **TD**
 STREET ADDRESS **DUPREE, CARMELA**
 CITY-ST-ZIP **3161 SW ANDALE BLVD**
PORT ST. LUCIE FL 34953

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
 STREET ADDRESS **STEWART, PEGGY**
 CITY-ST-ZIP **750 S.W. LONGLEAF PLACE**
PORT ST. LUCIE FL 34953

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **STEWART, PEGGY**
 CITY-ST-ZIP **750 S.W. LONGLEAF PLACE**
PORT ST. LUCIE, FL 34953

TITLE Delete
 NAME **D**
 STREET ADDRESS **WEAVER, GILDA**
 CITY-ST-ZIP **620 S.W. EVERETT CT**
PORT ST. LUCIE FL 34953

TITLE Change Addition
 NAME **SD**
 STREET ADDRESS **GILDA WEAVER**
 CITY-ST-ZIP **620 S.W. EVERETT CT**
PORT ST. LUCIE, FL 34953

TITLE Delete
 NAME **SD**
 STREET ADDRESS **MESSER, KAREN**
 CITY-ST-ZIP **242 SW BRIDGEPORT DR**
PORT ST LUCIE FL 34953

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **TEBBS, NORMA**
 CITY-ST-ZIP **333 SW BELMONT CIR**
PORT ST LUCIE FL 34953

TITLE Change Addition
 NAME **VD**
 STREET ADDRESS **TEBBS, NORMA**
 CITY-ST-ZIP **333 SW BELMONT CR**
PORT ST. LUCIE, FL 34953

TITLE Delete
 NAME **D**
 STREET ADDRESS **WORHLE, CHRISTIAN**
 CITY-ST-ZIP **734 S.W. BRIDGEPORT DR**
PORT ST LUCIE FL 34953

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 (see attached)

12. 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 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:

Joan E Parslow
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan E Parslow, President

1/19/01
 Date

561-336-1525
 Daytime Phone #

CR2E037 (10/00)

Attachment 705150
DOC# 743808

Attachment to

1. Directors and Officers

PD
PARSLOW, JOAN E.
3033 S.W. LONGLEAF CT.
PORT ST. LUCIE, FL 34953

D
ED MALONEY
482 SW BRIDGEPORT DR.
PORT ST. LUCIE, FL 34953

D
JOHN SMITH
301 SW BRIDGEPORT DR.
PORT ST. LUCIE, FL 34953