


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90015 039 \*\*\*\*61.25

<b>DOCUMENT # 743808</b>			
1. Entity 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2058764		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVIES, TAMMY 373 SW BELMONT CIRCLE PORT SAINT LUCIE, FL 34953		Name Street # Donald Finch 481 SW Belmont Circle City Port Saint Lucie, FL 34953 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	VP WOODS, LECIL 3197 SW WATSON COURT PORT SAINT LUCIE, FL 34953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bruce Carlson 667 SW Belmont Circle Port Saint Lucie, FL 34953 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V.P.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEJOIE, BEATRICE 743 SW BRIDGEPORT DRIVE PORT SAINT LUCIE, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T3 DEROCHER, TINA 3020 SW BLOUT COURT PORT SAINT LUCIE, FL 34953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daniel Taylor 3020 SW Longleaf Ct. Port Saint Lucie, FL 34953 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, JOSEPH 680 SW EVERETT COURT PORT SAINT LUCIE, FL 34953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christopher Stamper 757 SW Bridgeport Dr. Port Saint Lucie, FL 34953 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACMINN, JOSEPH 3301 SW ENSLEY COURT PORT SAINT LUCIE, FL 34953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sean Fadden 3074 SW Longleaf Ct. Port Saint Lucie, FL 34953 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIES, TAMMY 373 BELMONT CIRCLE PORT SAINT LUCIE, FL 34953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Schmitt 3241 SW Ronlea Ct. Port Saint Lucie, FL 34953 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P
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 _____		Date 1-10-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	