2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 750498

Entity Name: PARKVIEW ACRES WATER & LIGHT, INC.

Current Principal Place of Business:

37803 NEWAL AVE.
ZEPHYRHILLS, FL 335423229 US

New Principal Place of Business:

Current Mailing Address:

37803 NEWAL AVE.
ZEPHYRHILLS, FL 335423229 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SONSON, CARLA
37803 NEWAL AVE.
ZEPHYRHILLS, FL 335423229 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	THAYER, CHARLES	
Address:	37732 WOODFERN AVENUE	
City-St-Zip:	ZEPHYRHILLS, FL 33542	
Title:	PD	( ) Delete
Name:	BROUWER, RUSSELL	
Address:	37801 EASY AVENUE	
City-St-Zip:	ZEPHYRHILLS, FL 33542	
Title:	D	( ) Delete
Name:	PARTRIDGE, RICHARD	
Address:	37812 NEWAL AVENUE	
City-St-Zip:	ZEPHYRHILLS, FL 33542	
Title:	STD	( ) Delete
Name:	SONSON, CARLA	
Address:	37803 NEWAL AVE.	
City-St-Zip:	ZEPHYRHILLS, FL 335423229	
Title:	D	( ) Delete
Name:	RATCLIFF, CHARLES	
Address:	37742 EASY AVENUE	
City-St-Zip:	ZEPHYRHILLS, FL 33542	
Title:	VD	( ) Delete
Name:	HODGES, DENNIS	
Address:	37731 DEBLE AVE	
City-St-Zip:	ZEPHYRHILLS, FL 33542	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA SONSON STD 04/28/2009

Electronic Signature of Signing Officer or Director — Date