FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757320 (7)

1. Corporation Name

PARSLEY PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PAULINE GREGORY 17715 GULF BLVD.. #741 REDINGTON SHORES FL 33708 US	C/O PAULINE GREGORY 17715 GULF BLVD.. #741 REDINGTON SHORES FL 33708 US

3. Date Incorporated or Qualified: 03/31/1981
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o Seth C. Houck	26 c/o Seth C. Houck
22 Suite, Apt. #, etc. 17715 Gulf Blvd #852	27 Suite, Apt. #, etc. 17715 Gulf Blvd #852
23 City & State Redington Shores FL	28 City & State Redington Shores FL
24 Zip 33708 25 Country US	29 Zip 33708 30 Country US

4. FEI Number: 59-2208566 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREGORY, PAULINE 17715 GULF BLVD., #741 REDINGTON SHORES FL 33708	81 Name: Harold Blodgett 82 Street Address (P.O. Box Number is Not Acceptable): 17715 Gulf Blvd #1113 83 84 City: Redington Shores FL 85 Zip Code: 33708

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: Harold B. Blodgett President 4-12-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	HALLIDAY, JEANETTE		1.2 NAME	O'Brien, Joseph	
STREET ADDRESS	17715 GULF BLVD. #153		1.3 STREET ADDRESS	17715 Gulf Blvd #1112	
CITY-ST-ZIP	REDINGTON SHRS FL		1.4 CITY-ST-ZIP	Redington Shores FL 33708	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MEISTER, ALICE M.		2.2 NAME		
STREET ADDRESS	17715 GULF BLVD. #814		2.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHRS FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	BLOGDETT, HAROLD		3.2 NAME		
STREET ADDRESS	17715 GULF BLVD #1113		3.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHRS. FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOUCK, SETH		4.2 NAME		
STREET ADDRESS	17715 GULF BLVD. #852		4.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHRS FL		4.4 CITY-ST-ZIP		
TITLE	MS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	QUINT, MURIEL		5.2 NAME		
STREET ADDRESS	17715 GULF BLVD #137		5.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHORES FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GREGORY, PAULINE		6.2 NAME		
STREET ADDRESS	17715 GULF BLVD., #741		6.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHORES FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Seth C. Houck Treasurer 4/12/96 (813)393-2085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #