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Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **757320** (7)

1. Corporation Name

PARSLEY PARK ASSOCIATION, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
C/O SETH C HOUCK 17715 GOLF BLVD., #852 REDINGTON SHORES FL 33708 US		C/O SETH C HOUCK 17715 GOLF BLVD., #852 REDINGTON SHORES FL 33708 US		03/31/1981	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-2208566	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HAROLD BLODGETT
17715 GOLF BLVD., #1113
REDINGTON SHORES FL 33708

10. Name and Address of New Registered Agent

81 Name **Joseph O'Brien**
82 Street Address (P.O. Box Number is Not Acceptable) **17715 Gulf Blvd #1112**
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 617.0502, Florida Statutes.

SIGNATURE *Joseph O'Brien* DATE *April 10/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH O'BRIEN	1.2 NAME	
STREET ADDRESS	17715 GOLF BLVD., #1112	1.3 STREET ADDRESS	
CITY-ST-ZIP	REDINGTON SHORES FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISTER, ALICE M.	2.2 NAME	
STREET ADDRESS	17715 GOLF BLVD. #814	2.3 STREET ADDRESS	
CITY-ST-ZIP	REDINGTON SHRS FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLODGETT, HAROLD	3.2 NAME	
STREET ADDRESS	17715 GOLF BLVD #1113	3.3 STREET ADDRESS	
CITY-ST-ZIP	REDINGTON SHRS. FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUCK, SETH	4.2 NAME	
STREET ADDRESS	17715 GOLF BLVD. #852	4.3 STREET ADDRESS	
CITY-ST-ZIP	REDINGTON SHRS FL	4.4 CITY-ST-ZIP	
TITLE	MS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINT, MURIEL	5.2 NAME	
STREET ADDRESS	17715 GOLF BLVD #137	5.3 STREET ADDRESS	
CITY-ST-ZIP	REDINGTON SHORES FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY, PAULINE	6.2 NAME	Robert Conner
STREET ADDRESS	17715 GOLF BLVD., #741	6.3 STREET ADDRESS	17715 Gulf Blvd #544
CITY-ST-ZIP	REDINGTON SHORES FL	6.4 CITY-ST-ZIP	Redington Shores FL

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.

SIGNATURE: *S. C. Houck* **S. C. Houck** **2 Apr '98 (813393-2085)**

CR2E037 (10/97)