

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758546

FILED
Apr 28, 2006
Secretary of State

Entity Name: PAR ONE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4140 27TH COURT SW
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10249
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-2128716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P.
COLLIER FINANCIAL INC
4985 E TAMiami TRAIL
NAPLES, FL 34113 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: VPD () Delete
Name: KENNEDY, JACK
Address: 4140 27TH CT. S.W. #32102
City-St-Zip: NAPLES, FL 34116

Title: STD () Delete
Name: KING, JOANN
Address: 4041 27TH CT SW #19203
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: MENNA, BILL
Address: 4041 27TH CT SW #40202
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: ESPOSITO, FRANK
Address: 4140 27TH CT. SW
City-St-Zip: NAPLES, FL 34116

Title: PD () Delete
Name: PERME, PAT
Address: 4380 27TH CT. SW #202
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: DONNOVAN, ROSEMARY
Address: 4140 27 CT SW #206
City-St-Zip: NAPLES, FL 34116

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: D (X) Change () Addition
Name: CROWLEY, CAROL
Address: 4258 27TH CT. SW #101
City-St-Zip: NAPLES, FL 34116

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 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: PAT PERME

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date