

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90033 036 ****61.25

DOCUMENT # 761811			
1. Entity Name PARK SOUTH MANAGEMENT, INC.			
Principal Place of Business PARK SOUTH MANAGEMENT LIBERTY & GRANDVIEW MOUNT DORA FL 32757 US		Mailing Address PO BOX 211 MOUNT DORA FL 32756 US	
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 59-2367176		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLTER, GERALDINE 450 LIBERTY AVE 3 MOUNT DORA FL 32757		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			



1st MOORE CR2E037 (10/06)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SMITH, JAMES 450 LIBERTY AVE #4 MOUNT DORA FL 32757 <input checked="" type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY - ST - ZIP	Gary Skoglund <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33005 Lakeshore Dr. Tavares, FL. 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V EVANS, RUPERT L 450 LIBERTY MOUNT DORA FL 32757 <input checked="" type="checkbox"/> Delete	TITLE Sec't'y NAME STREET ADDRESS CITY - ST - ZIP	Joyce Bachanas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O.Box 6 Mount Dora, FL 32756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WOLTER, GERALDINE 450 LIBERTY AVE #3 MOUNT DORA FL 32757 <input checked="" type="checkbox"/> Delete	TITLE Treas. NAME STREET ADDRESS CITY - ST - ZIP	Eva Van Goor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 445 S. Grandview St. #11 Mount Dora, FL. 32757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WOLTER, GERALDINE 450 LIBERTY AVE 3 MOUNT DORA FL 32757 <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	VP RYAN, EDWARD J 350 LIBERTY AVE/POB 1862 MOUNT DORA FL 32756 <input checked="" 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	S VAN GOOR, EVA M POB 211 MOUNT DORA FL 32756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Geraldine Wolter 03/01/07 3527355721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #