2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90025 048 ****61.25

DOCUMENT # 761811

1. Entity Name

PARK SOUTH MANAGEMENT, INC.

Principal Place of Business	Mailing Address
PARK SOUTH MANAGEMENT LIBERTY & GRANDVIEW MOUNT DORA FL 32757 US	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

1st MOORE CR2E037 (10/07)

4. FEI Number 59-2367176 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLTER, GERALDINE 4550 LIBERTY AVE 3 MOUNT DORA FL 32757	Name: LINDA CARRIS Street Address (P.O. Box Number is Not Acceptable): 445 S.GRANDVIEW ST. #20 MOUNT DORA, FL. 32757 City: FL Zip Code: 32757

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 LINDA CARRIS — Linda Carris — 4-2-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW. FEE IS $61.25 Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	SKOGLUND, GARY	NAME	LINDA CARRIS
STREET ADDRESS	33005 LAKESHORE DR	STREET ADDRESS	445 S.GRANDVIEW ST. #20
CITY-ST-ZIP	TAVARES FL 32778	CITY-ST-ZIP	MOUNT DORA, FL. 32757
TITLE	S ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BACHANAS, JOYCE	NAME	
STREET ADDRESS	P.O. BOX6	STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32756	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	VP ☒ Change ☐ Addition
NAME	VAN GOOR, EVA	NAME	ALAN BOND
STREET ADDRESS	445 S. GRANDVIEW ST. #11	STREET ADDRESS	445 S.Grandview St. #10
CITY-ST-ZIP	MOUNT DORA FL 32757	CITY-ST-ZIP	MOUNT DORA, FL. 32757
TITLE	P ☐ Delete	TITLE	S ☒ Change ☐ Addition
NAME	WOLTER, GERALDINE	NAME	JANET DUNLAP
STREET ADDRESS	450 LIBERTY AVE 3	STREET ADDRESS	445 S.GRANDVIEW #8
CITY-ST-ZIP	MOUNT DORA FL 32757	CITY-ST-ZIP	MOUNT DORA, FL. 32757
TITLE	☐ Delete	TITLE	T ☒ Change ☐ Addition
NAME		NAME	GERALDINE WOLTER
STREET ADDRESS		STREET ADDRESS	450 LIBERTY AVE. #3
CITY-ST-ZIP		CITY-ST-ZIP	MOUNT DORA, FL. 32757
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Eva M Van Goor - Eva M Van Goor — 4/02/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date