2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2009
Secretary of State

DOCUMENT# 761811

Entity Name: PARK SOUTH MANAGEMENT, INC.

Current Principal Place of Business:

PARK SOUTH MANAGEMENT
LIBERTY & GRANDVIEW
MOUNT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 211
MOUNT DORA, FL 32756 US

New Mailing Address:

FEI Number: 59-2367176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARRIS, LINDA
445 S. GRANDVIEW ST. #20
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

GERALDINE, WOLTER T
450 LIBERTY AV
#3
MOUNT DORA, FL 32757 US

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: GERALDINE WOLTER 02/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LINDAX, CARRIS
Address: 445 S. GRANDVIEW ST. #20
City-St-Zip: MOUNT DORA, FL 32757

Title: S ( ) Delete
Name: BACHANAS, JOYCE
Address: P.O. BOX6
City-St-Zip: MOUNT DORA, FL 32756

Title: VP ( ) Delete
Name: BOND, ALAN
Address: 445 S. GRANDVIEW ST. #10
City-St-Zip: MOUNT DORA, FL 32757

Title: P ( ) Delete
Name: DUNLAP, JANET
Address: 445 S. GRANDVIEW #8
City-St-Zip: MOUNT DORA, FL 32757

Title: T (X) Delete
Name: GERALDINE, WOLTER
Address: 450 LIBERTY AVE. #3
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LINDAX, CARRIS
Address: 445 S. GRANDVIEW ST. #20
City-St-Zip: MOUNT DORA, FL 32757 US

Title: S (X) Change ( ) Addition
Name: MEALEY, BARBARA
Address: 350 LIBERTY AV #14
City-St-Zip: MOUNT DORA, FL 32757 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: WOLTER, GERALDINE
Address: 450 LIBERTY AV #3
City-St-Zip: MOUNT DORA, FL 32757 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GERALDINE WOLTER T 02/15/2009
Electronic Signature of Signing Officer or Director Date