

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 761811

**FILED**  
**Feb 14, 2013**  
**Secretary of State**

**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:**

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

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LINDA, CARRIS  
**Address:** 445 S. GRANDVIEW ST. #20  
**City-St-Zip:** MOUNT DORA, FL 32757 US

**Title:** S  
**Name:** WOLTER, GERALDINE  
**Address:** 350 LIBERTY AV #3  
**City-St-Zip:** MOUNT DORA, FL 32757 US

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

**Title:** T  
**Name:** SKOGLUND, GARY  
**Address:** 33005 LAKESHORE DR  
**City-St-Zip:** TAVARES, FL 32778 US

I hereby 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 all other like empowered.

**SIGNATURE:** GARY SKOGLUND

TREA

02/14/2013

Electronic Signature of Signing Officer or Director

Date