

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90330 010 ****61.25

DOCUMENT # N00000005188

1. Entity Name

PARKER PLACE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**122 E PINE STREET
LAKELAND FL 33801-4965**

Mailing Address

**122 E PINE STREET
LAKELAND FL 33801-4965**

2. Principal Place of Business

702 E. Parker Street

3. Mailing Address

702 E. Parker Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip
33801

Country
Polk

Zip
33801

Country
Polk

4. FEI Number **59-3676122**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAGWELL, JEFF
122 E PINE STREET
LAKELAND FL 33801-4965**

7. Name and Address of New Registered Agent

Name

Arnold Wilson

Street Address (P.O. Box Number is Not Acceptable)

702 E. Parker Street

City

Lakeland

FL

Zip Code
33801

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

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

After September 10, 2003, min will be \$236.25

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

TITLE **PD** ☒ Delete
NAME **BAGWELL, JEFF**
STREET ADDRESS **122 E PINE ST**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **VTD** ☒ Delete
NAME **NOLAN, JULIE**
STREET ADDRESS **122 E PINE ST**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **SD** ☒ Delete
NAME **MCREYNOLDS, JILL**
STREET ADDRESS **122 E PINE ST**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **Arnold Wilson**
STREET ADDRESS **702 E. Parker Street**
CITY-ST-ZIP **Lakeland, FL 33801**

TITLE **TD** ☐ Change ☒ Addition
NAME **Lucille Hammonds**
STREET ADDRESS **716 E. Parker Street**
CITY-ST-ZIP **Lakeland, FL 33801**

TITLE **SD** ☐ Change ☒ Addition
NAME **Gloria Lopez**
STREET ADDRESS **712 E. Parker Street**
CITY-ST-ZIP **Lakeland, FL 33801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

Arnold Wilson 7-11-03

CR2E037 (4/03)