


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000007461 1. Entity Name PARSONS RESERVE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 605 PARSONS RESERVE COURT SEFFNER, FL 33584	Mailing Address POST OFFICE BOX 1674 SEFFNER, FL 33583
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DO NOT WRITE IN THIS SPACE



01232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3697732	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

**RODRIQUES, ROBERT JR.
605 PARSONS RESERVE COURT
SEFFNER, FL 33584**

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IN THIS SPACE**

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 reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE PD	CLEMENTS, MARK
NAME	
STREET ADDRESS	609 PARSONS RESERVE COURT
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE VD	RODRIGUEZ, ROBERT JR.
NAME	
STREET ADDRESS	605 PARSONS RESERVE COURT
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE TD	CLOUSER, PATRICIA
NAME	
STREET ADDRESS	614 PARSONS RESERVE COURT
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Patricia Clouser Trus 1-24-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #