


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000007461		
1. Entity Name PARSONS RESERVE HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 605 PARSONS RESERVE COURT SEFFNER, FL 33584	Mailing Address POST OFFICE BOX 1674 SEFFNER, FL 33583	



01192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

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

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01/23/07-80027-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-07 8136627222
Date Daytime Phone #