

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 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**



01222008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-3697732**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CLEMENTS, MARK  
STREET ADDRESS 609 PARSONS RESERVE COURT  
CITY-ST-ZIP SEFFNER, FL 33584

TITLE VD  
NAME RODRIGUEZ, ROBERT JR.  
STREET ADDRESS 605 PARSONS RESERVE COURT  
CITY-ST-ZIP SEFFNER, FL 33584

TITLE TD  
NAME CLOUSER, PATRICIA  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000808855  
02/07/08-80065-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

*1-23-08* *813 662 7222*