


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # N00566</b> 1. Entity Name <b>THE PARKFORD CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>301-D BUNGALOW PARK AVE S TAMPA, FL 33609</b>	Mailing Address <b>301-D BUNGALOW PARK AVE S TAMPA, FL 33609</b>
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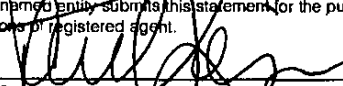
01082007 No Chg-NP CR2E037 (4/06)

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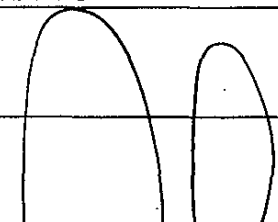
4. FEI Number <b>59-3316073</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LEWIS, PAUL 301-B BUNGALOW PARK AVE S TAMPA, FL 33609</b>
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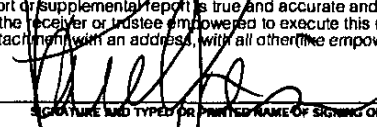
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  DATE: <b>01.15.07</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, PAUL 301-B BUNGALOW PARK AVE S TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BRAY, VICKI 301-D BUNGALOW PARK AVE S TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLISON, GAIL 301-D BUNGALOW PARK AVE S TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PUGH, ROBERT 303-A BUNGALOW PARK AVE S TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/07-80029-016 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 (he) empowered.
SIGNATURE:  DATE: <b>01.15.07</b> DAYTIME PHONE: <b>813-876-6421</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>