2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90338 002 ****61.25

DOCUMENT # N01000008130

1. Entity Name
PARSONS POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
325 SOUTH BLVD TAMPA, FL 33606	325 SOUTH BLVD TAMPA, FL 33606

03102004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Parsons Pointe Street	P.O. Box 6235
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Seffner, FL	City & State: Brandon, FL
Zip: 33584 Country	Zip: 33508-6004 Country

4. FEI Number: 01-0563817 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOLLOY, DANIEL L 325 SOUTH BLVD TAMPA, FL 33606	Name: Michael J McDermott, P.A. Street Address (P.O. Box Number is Not Acceptable): 792 West Lumsden Road City: Brandon FL Zip Code: 33511

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 _____ 3-25-04
Signature, type 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, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREER, JOHN 1502 W FLETCHER AV #113 TAMPA, FL 33612	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Glen Sandoval 411 Maple Pointe Dr. Seffner, FL 33584	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, TRACY 9625 ALONZO RD RIVERVIEW, FL 33569	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Scott Raulerson 409 Maple Pointe Dr. Seffner, FL 33584	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REED, JIM 9625 ALONZO RD RIVERVIEW, FL 33569	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Margie Wynn 111 Pinewood Avenue Brandon, FL 33510	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Patrick O'Rourke 726 Star Pointe Dr. Seffner, FL 33584	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mark Johnson 255 Pine Avenue North Oldsmar, FL 34677	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 3-10-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #