

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

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90315 018 ****61.25

DOCUMENT # N01000008130

1. Entity Name
PARSONS POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**PARSONS POINTE ST.
SEFFNER, FL 33584**

Mailing Address
**P.O. BOX 6235
BRANDON, FL 33508-6004**

50037183



2. Principal Place of Business

1463 Oakfield Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite 141

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Zip

33511

Country

Zip

Country

04052005 Chg-NP

CR2E037 (10/03)

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

**MCDERMOTT, MICHAEL J P.A.
792 WEST LUMSDEN RD.
BRANDON, FL 33511**

7. Name and Address of New Registered Agent

Name **Robert Tankel PA**

Street Address (P.O. Box Number is Not Acceptable)

1022 Main Street

Suite **D**

City **Dunedin**

FL

Zip Code **34698**

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, 2005**

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

TITLE **PD** ☐ Delete
NAME **SANDOVAL, GLEN**
STREET ADDRESS **411 MAPLE POINTE DR.**
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE **VPD** ☒ Delete
NAME **RAULERSON, SCOTT**
STREET ADDRESS **409 MAPLE POINTE DR.**
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE **TD** ☒ Delete
NAME **WYNN, MARGIE**
STREET ADDRESS **111 PINEWOOD AVE.**
CITY-ST-ZIP **BRANDON, FL 33510**

TITLE **SD** ☒ Delete
NAME **O'ROURKE, PATRICK**
STREET ADDRESS **726 STAR POINTE DR.**
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE **D** ☒ Delete
NAME **JOHNSON, MARK**
STREET ADDRESS **255 PINE AVE. NORTH**
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Amanda Smith**
STREET ADDRESS **704 Parsons Pointe St**
CITY-ST-ZIP **Seffner FL 33584**

TITLE **D** ☐ Change ☒ Addition
NAME **Joanne McQuade**
STREET ADDRESS **721 Star Pointe Dr.**
CITY-ST-ZIP **Seffner FL 33584**

TITLE **D** ☐ Change ☒ Addition
NAME **Elmer Messerschmidt**
STREET ADDRESS **508 Magnolia Pointe Ct.**
CITY-ST-ZIP **Seffner FL 33584**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Elmer Messerschmidt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 2005

Date

Daytime Phone #