2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State
02-20-2007 90057 043 ****61.25

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1. Entity Name
PARSONS POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1463 OAKFIELD DR SUITE 141 BRANDON, FL 33511	P.O. BOX 6235 BRANDON, FL 33508-6004

01242007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1463 Oakfield Dr.	
Suite, Apt. #, etc.: Ste 142	Suite, Apt. #, etc.
City & State: Brandon FL	City & State
Zip: 33511 Country: US	Zip 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
TANKEL, ROBERT PA 1022 MAIN STREET SUITE D DUNEDIN, FL 34698	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2007

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 ALVEREZ, GLADYS 611 MAPLE POINT DR SEFFNER, FL 33584	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robles, Henry 515 Sable Pointe Ave. Seffner, FL 33584	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, AMANDA 704 PARSONS POINTE ST SEFFNER, FL 33584	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Holmes, Peter 708 Periwinkle Pointe Place Seffner, FL 33584	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENRY, ROBLES 515 SABLE POINTE AVE SEFFNER, FL 33584	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MESSERSCHMIDT, ELMER 508 MAGNOLIA POINTE CT SEFFNER, FL 33584	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: Elmer Messerschmidt ELMER MESSERSchmidt 2/5/07 813-661-3696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #