

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008130

FILED
Mar 09, 2009
Secretary of State

Entity Name: PARSONS POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1463 OAKFIELD DR
SUITE 142
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6235
BRANDON, FL 335086004

New Mailing Address:

FEI Number: 01-0563817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANKEL, ROBERT PA
1022 MAIN STREET
SUITE D
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBLES, HENRY
Address: 515 SABLE POINTE AVE.
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: HOLMES, PETER
Address: 708 PERIWINKLE POINTE PLACE
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: MESSERSCHMIDT, ELMER
Address: 508 MAGNOLIA POINTE CT
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: IVERSON, JIM
Address: 403 MAPLE POINTE DR.
City-St-Zip: SEFFNER, FL 33584

Title: D (X) Delete
Name: GLADYS, ALVAREZ
Address: 611 MAPLE POINTE DR.
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBLES, HENRY
Address: 515 SABLE POINTE AVE.
City-St-Zip: SEFFNER, FL 33584

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HENSON, PATRICIA
Address: 705 PARSONS POINTE ST.
City-St-Zip: SEFFNER, FL 33584

Title: S (X) Change () Addition
Name: O'ROURKE, STEPHANIE
Address: 726 STAR POINTE DR.
City-St-Zip: SEFFNER, FL 33584

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY ROBLES

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date