

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 27 PM 3:31

DOCUMENT # N02000000061

1. Entity Name
THE PARCEL 28.01 PROPERTY OWNERS ASSOCIATION,
INC.



Principal Place of Business
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

Mailing Address
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707



04052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1065797

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARY, JOHN W III, ES
701 U.S. HIGHWAY ONE
SUITE 402
NORTH PALM BEACH, FL 33408

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IN THIS SPACE**

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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LUPTAK, PAOLA
STREET ADDRESS 4700 NW BOCA RATON BLVD, 4TH FLOOR
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE DST
NAME SEMBLER, GREGORY S
STREET ADDRESS 5858 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE DP
NAME SHER, CRAIG H
STREET ADDRESS 5858 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig Sher

4-10-06 727-384-6000

Date

Daytime Phone #