

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED

07 APR 27 AM 10: 06

CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-1065797

Applied For

Not Applicable

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name SHER, CRAIG H.

Street Address (P.O. Box Number is Not Acceptable)
5858 CENTRAL AVENUE

City ST. PETERSBURG

FL

Zip Code
33707

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

4-24-07

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DM/30 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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☐ Change ☐ Addition
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☐ Change ☐ Addition

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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: CRAIG H. SHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07

Date

727-384-6000

Daytime Phone #