

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

# FILED

08 AUG 21 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08142008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N02000000061</b> 1. Entity Name <b>THE PARCEL 28.01 PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707			Mailing Address 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707		
2. Principal Place of Business - No P.O. Box # 11290 Legacy Avenue			3. Mailing Address 11290 Legacy Avenue		
Suite, Apt. #, etc. Suite 200			Suite, Apt. #, etc. Suite 200		
4. City & State Palm Beach Gardens, FL			City & State Palm Beach Gardens, FL		
Zip 33410		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707				7. Name and Address of New Registered Agent Name Mary Lou Fogarty Street Address (P.O. Box Number is Not Acceptable) 11290 Legacy Ave., Suite 200 City Palm Beach Gardens FL Zip Code 33410	
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 <u>Mary Lou Fogarty</u> <u>Mary Lou Fogarty, Property Mgr.</u> DATE <u>8/15/08</u> <small>Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when re-registering)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LUPTAK, PAOLA 4700 NW BOCA RATON BLVD, 4TH FLOOR BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Zook, David 5858 Central Avenue St. Petersburg, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SEMBLER, GREGORY S 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Earley, Patti c/o Fla. Power & Light 2457 Port West Blvd. Riviera Beach, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Fogarty, Mary Lou 11290 Legacy Avenue, Suite 200 Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200135281282 09/03/08--01005--019 ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>8/20/08</u> <small>Daytime Phone #</small>		