2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005
Secretary of State

DOCUMENT# N02000002556

Entity Name: THE ESTATES OF PARSONS POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3974 TAMPA ROAD
B
OLDSMAR, FL 34677

New Principal Place of Business:

P.O. BOX 1032
SEFFNER, FL 33583

Current Mailing Address:

PO BOX 2157
OLDSMAR, FL 34677

New Mailing Address:

P.O. BOX 1032
SEFFNER, FL 33583

FEI Number: 56-2324721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HANSON, JACK B
3974 TAMPA ROAD
B
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

SLANE, KIMBERLEY A
716 COADE STONE DRIVE
SEFFNER, FL 33584 US

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: KIMBERLEY A. SLANE 08/15/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHNSON, MARK
Address: 255 PINE AVENUE NORTH
City-St-Zip: OLDSMAR, FL 34677

Title: VPD ( ) Delete
Name: FONTANA, JOSEPH
Address: 255 PINE AVENUE NORTH
City-St-Zip: OLDSMAR, FL 34677

Title: STD ( ) Delete
Name: SHARP, DONALD
Address: 255 PINE AVENUE NORTH
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FIOL, CLEMENTE JR.
Address: 808 COADE STONE DRIVE
City-St-Zip: SEFFNER, FL 33584

Title: VD (X) Change ( ) Addition
Name: ROMEO, MARGARET C
Address: 812 COADE STONE DRIVE
City-St-Zip: SEFFNER, FL 33584

Title: TD (X) Change ( ) Addition
Name: SLANE, KIMBERLEY A
Address: 716 COADE STONE DRIVE
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KIMBERLEY A. SLANE TD 08/15/2005
Electronic Signature of Signing Officer or Director Date