


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90046 015 ****61.25

DOCUMENT # N02000002556					
1. Entity Name THE ESTATES OF PARSONS POINTE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 1032 SEFFNER, FL 33583		Mailing Address P.O. BOX 1032 SEFFNER, FL 33583		4016000 	
2. Principal Place of Business - No P.O. Box # 716 Coade Stone Dr Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Seffner, FL		City & State		4. FEI Number 56-2324721	
Zip 33584		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLANE, KIMBERLEY A 716 COADE STONE DRIVE SEFFNER, FL 33584			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIOL, CLEMENTE JR.		NAME		
STREET ADDRESS	808 COADE STONE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGSON, MARGARET		NAME		
STREET ADDRESS	812 COADE STONE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP		
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLANE, KIMBERLEY A		NAME		
STREET ADDRESS	716 COADE STONE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PEETERS, GERARD	
STREET ADDRESS			STREET ADDRESS	713 COADE STONE DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	NEEPER, ANDREA	
STREET ADDRESS			STREET ADDRESS	905 COADE STONE DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE		<input type="checkbox"/> Delete	TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PASSMORE, DIANA	
STREET ADDRESS			STREET ADDRESS	813 COADE STONE DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	SEFFNER, FL 33584	
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>Margaret Hodgson</u> Margaret Hodgson 7-2-07 813-485-8394 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					