

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006686

FILED  
May 06, 2007  
Secretary of State

**Entity Name:** PARROT HEAD CLUB OF WINTER HAVEN, INC.

**Current Principal Place of Business:**

265 DAISY ESTATES DRIVE  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

265 DAISY ESTATES DR  
WINTER HAVEN, FL 33884

**New Mailing Address:**

PO BOX 7375  
WINTER HAVEN, FL 33883

**FEI Number:** 03-0456374      **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:**

AUSTIN, PAMELA J  
265 DAISY ESTATES DR  
WINTER HAVEN, FL 33884      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: AUSTIN, PAMELA  
Address: 265 DAISY ESTATES DR  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D      ( ) Delete  
Name: AUSTIN, DENNIS W  
Address: 265 DAISY ESTATES DR  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D      ( ) Delete  
Name: ELDRIDGE, GEORGE W  
Address: 2808 WEST LAKE ELOISE DRIVE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D      ( ) Delete  
Name: TRAVISS, MIKE  
Address: 2810 WEST LAKE ELOISE DRIVE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D      ( ) Delete  
Name: TRAVISS, VALERIE  
Address: 2810 WEST LAKE ELOISE DRIVE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D      (X) Delete  
Name: LONG, MITCH  
Address: 492 DAISY LANE  
City-St-Zip: WINTER HAVEN, FL 33882

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VALERIE TRAVISS/TREASURER

D

05/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date