


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90028 020 \*\*\*\*61.25

<b>DOCUMENT # N02000007503</b>						
<b>1. Entity Name</b> THE PARKWAY/UNIVERSITY CENTER PROPERTY OWNER'S ASSOCIATION, INC.						
<b>Principal Place of Business</b> 5431 US HWY 98 SOUTH HIGHLAND CITY, FL 33846			<b>Mailing Address</b> P O BOX 237 HIGHLAND CITY, FL 33846			
<b>2. Principal Place of Business - No P.O. Box #</b> 5431 U.S. Hwy 98 South		<b>3. Mailing Address</b> Suite, Apt. #, etc.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
<b>City &amp; State</b> Lakeland, FL		<b>City &amp; State</b>				
<b>Zip</b> 33812	<b>Country</b> Polk	<b>Zip</b>	<b>Country</b>			
<b>6. Name and Address of Current Registered Agent</b>  MARTIN, E SNOW JR 200 LAKE MORTON DR LAKELAND, FL 33801			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>			
<b>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.</b>						
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>		
<b>Make check payable to</b> <b>Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> D	<b>NAME</b> ROGERS, OSCAR W JR		<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Oscar W. Rogers Jr.	
<b>STREET ADDRESS</b> 5431 US HWY 98 SOUTH	<b>CITY-ST-ZIP</b> HIGHLAND CITY, FL 33846			<b>STREET ADDRESS</b> 5431 U.S. Hwy. 98 South	<b>CITY-ST-ZIP</b> Lakeland, FL 33812	
<b>TITLE</b> PD	<b>NAME</b> ROGERS, DANE C		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> PD	
<b>STREET ADDRESS</b> 5431 US HWY 98 SOUTH	<b>CITY-ST-ZIP</b> HIGHLAND CITY, FL 33846			<b>STREET ADDRESS</b> C. Dane Rogers	<b>CITY-ST-ZIP</b> 5431 U.S. Hwy. 98 South Lakeland, FL 33812	
<b>TITLE</b> VD	<b>NAME</b> ROGERS, JOHN S		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> VD	
<b>STREET ADDRESS</b> 5431 US HWY 98 SOUTH	<b>CITY-ST-ZIP</b> HIGHLAND CITY, FL 33846			<b>STREET ADDRESS</b> John S. Rogers	<b>CITY-ST-ZIP</b> 5431 U.S. Hwy. 98 South Lakeland, FL 33812	
<b>TITLE</b> STD	<b>NAME</b> ROGERS, WILLIAM T		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> STD	
<b>STREET ADDRESS</b> 5431 US HWY 98 SOUTH	<b>CITY-ST-ZIP</b> HIGHLAND CITY, FL 33846			<b>STREET ADDRESS</b> William T. Rogers	<b>CITY-ST-ZIP</b> 5431 U.S. Hwy. 98 South Lakeland, FL 33812	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> NAME	
<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>CITY-ST-ZIP</b>	
<b>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.</b>						
<b>SIGNATURE:</b> <i>C. Dane Rogers</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1-29-07 <small>Date</small>		
C. DANE ROGERS				863-646-5187 <small>Daytime Phone #</small>		

40008190



01292007 Chg-NP CR2E037 (12/06)

**4. FEI Number**  
51-0443176

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**