


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90038 012 ****61.25

DOCUMENT # N02000007503 1. Entity Name THE PARKWAY/UNIVERSITY CENTER PROPERTY OWNER'S ASSOCIATION, INC.	
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Principal Place of Business 5431 US HWY 98 SOUTH LAKELAND, FL 33812	Mailing Address P O BOX 237 HIGHLAND CITY, FL 33846
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01192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0443176	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARTIN, E SNOW JR 200 LAKE MORTON DR LAKELAND, FL 33801
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, OSCAR W JR 5431 US HWY 98 SOUTH LAKELAND, FL 33812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, DANE C 5431 US HWY 98 SOUTH LAKELAND, FL 33812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, JOHN S 5431 US HWY 98 SOUTH LAKELAND, FL 33812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROGERS, WILLIAM T 5431 U.S. HWY 98 SOUTH LAKELAND, FL 33812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	C. Dane Rogers	1/21/08	863-646-5187
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>