

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # N03887

1. Entity Name
PARKLAND CENTER OWNERS ASSOCIATION, INC.



Principal Place of Business
**6497 E PARKLAND DRIVE
SARASOTA, FL 34243-4034 US**

Mailing Address
**6497-E PARKLAND DR.
SARASOTA, FL 34243-4034 US**



04212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2508635

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VORHEES, BEVERLY J
6497-E PARKLAND DR
SARASOTA, FL 34243**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000530838
05/06/06-80020-003 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
THAYER, CLARENCE
2451 TRAILMATE DR
SARASOTA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DRILLMAN, INGE
6419 PARKLAND DR
SARASOTA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
VORHEES, BEVERLY J
6497-E PARKLAND DR
SARASOTA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
JOHNSON, MIKE
2340 TRAILMATE DRIVE
SARASOTA, FL 34243**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06 941-756-5599

Date

Daytime Phone #