2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N03887

1. Entity Name
PARKLAND CENTER OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6497 E PARKLAND DRIVE SARASOTA, FL 34243-4034 US	6497-E PARKLAND DR. SARASOTA, FL 34243-4034 US

04192007 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000725855
05/03/07-80039-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	THAYER, CLARENCE
STREET ADDRESS	2451 TRAILMATE DR
CITY-ST-ZIP	SARASOTA, FL
TITLE	PD
NAME	DRILLMAN, INGE
STREET ADDRESS	6419 PARKLAND DR
CITY-ST-ZIP	SARASOTA, FL
TITLE	SD
NAME	VORHEES, BEVERLY J
STREET ADDRESS	6497-E PARKLAND DR
CITY-ST-ZIP	SARASOTA, FL
TITLE	TD
NAME	JOHNSON, MIKE
STREET ADDRESS	2340 TRAILMATE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34243
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.

941-756-5599

SIGNATURE: Beverly J. Vorhees SD 4/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #