2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03887

FILED Apr 03, 2009 Secretary of State

Entity Name: PARKLAND CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6497 E PARKLAND DRIVE 6497 PARKLAND DRIVE SARASOTA, FL 342434034 US

SUITE E

SARASOTA, FL 342434034 US

Current Mailing Address: New Mailing Address:

6497 PARKLAND DRIVE 6497-E PARKLAND DR

SARASOTA, FL 342434034 US SUITE E

SARASOTA, FL 342434034 US

FEI Number: 59-2508635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

SARASOTA, FL 34243 US

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: 04/03/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

THAYER, CLARENCE THAYER, CLARENCE Name: Name: 2451 TRAILMATE DR Address: 2451 TRAILMATE DR Address: City-St-Zip: SARASOTA, FL City-St-Zip: SARASOTA, FL

Title: PD Title: D (X) Change () Addition () Delete

DRILLMAN, INGE Name: DRILLMAN, INGE Name: Address: 6419 PARKLAND DR Address: 6419 PARKLAND DR City-St-Zip: SARASOTA, FL City-St-Zip: SARASOTA, FL

Title: () Delete Title: () Change () Addition

VORHEES, BEVERLY J Name: Name: 6497-E PARKLAND DR Address: Address: City-St-Zip: SARASOTA, FL City-St-Zip:

Title: TD () Delete Title: **VPTD** (X) Change () Addition

Name: JOHNSON, MIKE Name: JOHNSON, MIKE Address: 2340 TRAILMATE DRIVE Address: 2340 TRAILMATE DRIVE City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243

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: BEVERLY J VORHEES SD 04/03/2009