2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # N04000010713 1. Entity Name PAR 3 OWNERS ASSOCIATION, INC.								05	-02-2006 90	231 036		25	
Principal Place 12415 SW SH SUITE C LAKE SUZY, F	1ERI AVENU Fl. 34269	Mailing Address 12415 SW SHERI AVENUE SUITE C LAKE SUZY, FL 34269											
2. Principal Place of Business 1687 COUNTY RO 769				3. Mailing Address									
Suite, Apt. #, etc. \$\mathcal{S}_172 2 A				Suite, Apt. #, etc.				04262006 Chg-NP CR2E037 (11/05)					
City & State	е .	City & State					4. FEI Number Applied For 20-2262011 Not Applicable						
Zip # 34269 Country USA			Zij	Zip Co							8.75 Add ee Required		
6. Name and Address of Current F				Registered Agent			7. Name and Address of New Registered Agent						
						Name						-	
WALDRON, EUGENE E JR. 124 NORTH BREVARD AVENUE ARCADIA, FL 34266						Street Address (P.O. Box Number is Not Acceptable)							
						City		FL Zip Code					
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 remistating) DATE													
Filing Fee is \$61.25 9. Election Camp Due by May 1, 2006 Trust Fund Co								\$5.00 May Be Added to Fees	Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS 11								ADDITIONS/CHANG	ES TO OFFICER	S AND DIR	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LE PTD CARLTON, ROBERT M REET ADDRESS 12415 SW SHERI AVENUE #C			Delete III		LE ME BEET ADDRESS Y+ST-ZIP	P }				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME CARLTON, DIANNE R STREET ADDRESS 12415 SW SHERI AVENUE #C										Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N S		LE ME REET ADDRESS Y+ST-ZIP	128	LLIAM A WEST O CADIA FL	AK ST	>	Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITI NAI STR						Change	☐ Addition	

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 truth an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

TITLE

NAME STREET ADDRESS

SIGNATURE: (

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

TITLE NAME

SIGNATURE AND TYPED OR PRINTED MANE OF MIGHING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

WILLIAN HACKINET TREASURER

x/oc 863-494-6

Daytime Phone #

П Спапре

☐ Change

☐ Addition

Addition