

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90045 048 ****61.25

DOCUMENT # N05000001405					
1. Entity Name PARKER COMMONS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 9001 DANIELS PKWY - STE 200 FT MYERS, FL 33912			Mailing Address 9001 DANIELS PKWY - STE 200 FT MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4975831	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
R & A AGENTS, INC. ATTN: STEVEN I. WINER, ESQ 2320 FIRST ST - STE 1000 FT MYERS, FL 33901			Name <u>STEPHEN J. MITCHELL</u> Street Address (P.O. Box Number is Not Acceptable) <u>201 N. FRANKLIN STREET, SUITE 2100</u> City <u>TAMPA</u> FL Zip Code <u>33602</u>		
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		<u>Stephen J. Mitchell</u>		<u>4/2/08</u>	
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, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROWBRIDGE, KERRY 9001 DANIELS PKWY - STE 200 FT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GULLO, VINCE 9001 DANIELS PKWY - STE 200 FT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNIZNER, DAVID 9001 DANIELS PKWY - STE 200 FT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:		<u>ELAINE M. STULTZ</u>		<u>4/4/08</u>	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone # <u>239.481.5040 x 206</u>	

4007234



04012008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name STEPHEN J. MITCHELL

Street Address (P.O. Box Number is Not Acceptable)

201 N. FRANKLIN STREET, SUITE 2100

City TAMPA FL Zip Code 33602

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SIGNATURE

Stephen J. Mitchell

4/2/08

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, 2008

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD TROWBRIDGE, KERRY 9001 DANIELS PKWY - STE 200 FT MYERS, FL 33912

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPD GULLO, VINCE 9001 DANIELS PKWY - STE 200 FT MYERS, FL 33912

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE:

ELAINE M. STULTZ

4/4/08

Daytime Phone # 239.481.5040 x 206

Signature and typed or printed name of signing officer or director Date