

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05137 (7)
1. Corporation Name
PARKER POINTE PROPERTY OWNERS ASSOCIATION, INC.

FILED
95 JUL 28 PM 1:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
~~100 S. ASHLEY~~
~~SUITE 850~~
~~TAMPA FL 33602~~
US
~~100 S. ASHLEY~~
~~SUITE 850~~
~~TAMPA FL 33602~~
US

2. Principal Place of Business 2a. Mailing Address
21 2915 SR 590 26 2915 SR 590
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite # 21 27 Suite # 21
City & State City & State
23 Clearwater, FL 28 Clearwater, FL
Zip 34619 Country USA Zip 34619 Country USA

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 3a. Date of Last Report
09/13/1984 06/14/1994
4. FEI Number Applied For
59-2927270 Not Applicable
5. Certificate of Status Desired ☒ \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
~~SPAIN, LISA J.~~
~~100 S. ASHLEY~~
~~SUITE 850~~
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent
81 Name
Gary F. Queen
82 Street Address (P.O. Box Number is Not Acceptable)
2915 SR 590, Suite 21
83
84 City
Clearwater FL 85 Zip Code
34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE Gary F. Queen, President 7/18/95
Signature, typed or printed name of registered agent and address in parentheses (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
-PD-
-CONNORS, JAMES R.-
-100 S. ASHLEY, STE. 850
-TAMPA FL-
-VD-
-PAYNE, JAMES B. J.-
-100 S. ASHLEY, STE. 850
-TAMPA FL-
-STD-
-SPAIN, LISA J.-
-100 S. ASHLEY, STE. 850
-TAMPA FL-
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
P/D ☒ Change ☐ Addition
12 NAME
Gary F. Queen
13 STREET ADDRESS
2915 SR 590, Suite 21
14 CITY ST ZIP
Clearwater, FL 34619
21 TITLE
S/T/D ☒ Change ☐ Addition
22 NAME
William Buckner
23 STREET ADDRESS
2915 SR 590, Suite 21
24 CITY ST ZIP
Clearwater, FL 34619
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an addendum with an addressee.

SIGNATURE: Gary F. Queen, President 7/18/95 (813) 796-7123
Signature and typed or printed name of signing officer or director