2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State
04-15-2008 90012 029 ****61.25

DOCUMENT # N05137

1. Entity Name
THE PROPERTY OWNERS ASSOCIATION OF LAKE PARKER ESTATES, INC.

Principal Place of Business
5609 US 19 STE E
NEW PORT RICHEY, FL 34652 US

Mailing Address
5609 US 19 STE E
5609 US 19 SUITE E
NEW PORT RICHEY, FL 34652 US

50002546

01142008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # 5837 Trouble Creek Rd.
Suite, Apt. #, etc.
City & State New Port Richey, FL
Zip 34652 Country USA

3. Mailing Address 5837 Trouble Creek Rd.
Suite, Apt. #, etc.
City & State New Port Richey, FL
Zip 34652 Country USA

4. FEI Number 59-2927270 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
COMMUNITY MGMT
5609 US 19
STE E
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent
Name Community Management Services, Inc.
Street Address (P.O. Box Number is Not Acceptable) 5837 Trable Creek Rd.
City New Port Richey FL Zip Code 34652

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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD	☐ Delete	TITLE D	☒ Change ☐ Addition
NAME	PORRECA, JOHN		NAME Sharon Ross	
STREET ADDRESS	1430 LAKE PARKER DR		STREET ADDRESS 1529 Lake Parker Dr.	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP Odessa, FL 33556	
TITLE	VPD	☐ Delete	TITLE D	☐ Change ☒ Addition
NAME	LARKIN, STEVE		NAME Richard Osborne	
STREET ADDRESS	13632 DOWLING LANE		STREET ADDRESS 13730 Mill Pl.	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP Odessa, FL 33556	
TITLE	D	☐ Delete	TITLE D	☒ Change ☐ Addition
NAME	ROSS, SHARON		NAME Kim Rabin	
STREET ADDRESS	1529 LAKE PARKER DR		STREET ADDRESS 13705 Dowling Ln.	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP Odessa, FL 33556	
TITLE	SD	☐ Delete	TITLE D	☐ Change ☒ Addition
NAME	RABIN, KIMBERLY		NAME Terry Lance	
STREET ADDRESS	13705 DOWLING LANE		STREET ADDRESS 1435 Fishing Lake Dr.	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP Odessa, FL 33556	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	HERD, KEN		NAME	
STREET ADDRESS	13610 DOWLING LN		STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SAUTER, GINI		NAME	
STREET ADDRESS	13744 DOWLING LN		STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	

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: _____ 727-816-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #