2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State 05-02-2008 90173 049 ****61.25

DOCUMENT # N0600000157

1. Entity Name

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	KE AT PARSONS CONDOMI TION, INC.							
Principal Place of Business 208 LAKE PARSONS GREEN BRANDON, FL 3351 SUITE 260 CLEARWATER, FL 337				AUUSSU			101 B1 1851	
2. Principal Place of Business - No P.O. Box # 3. Mailing		3. Mailing Address	failing Address					
COCIOCANIVE CI		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01182008 Chg-NP CR2E037 (12/06)			
Cliv & State City Clear water, FL		City & State	Jity & State		4. FEI Number Applied For 20-4056511 Not Applicable			
33762 Produity Zip		•	•		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
-	6. Name and Address of Current Re	egistered Agent	Name	7. Name and Addr	ress of New Registered Age	nt		
CONDOMINIUM ASSOCIATES								
3001 EXEC SUITE 260	CUTIVE DRIVE		Street Address	(P.O. Box Number is N	lot Acceptable)			
	TER, FL 33762				,			
			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 a						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		6 Floories Comp	9. Election Campaign Financing Trust Fund Contribution.		يع باماعات حياجية	wahla ta		
	-			\$5.00 May Be Added to Fees	Make check pa Florida Departme	-		
10.	Due by May 1, 2008 OFFICERS AND DIRECT	Trust Fund Cor		Added to Fees	Florida Departme	TORS IN	ate	
THILE	Due by May 1, 2008 OFFICERS AND DIRECT	Trust Fund Cor	11.	Added to Fees	Florida Departme	ent of Sta	ate	
	Due by May 1, 2008 OFFICERS AND DIRECT	Trust Fund Cor	ntribution.	Added to Fees	Florida Departme	TORS IN	ate	
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I hereby certify that the information supplied with this filling 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: .

SIGNATURE AND THEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #