

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90108 035 ****61.25

DOCUMENT # N06151 1. Entity Name PARK EAST CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 3800 NE SILVER SPRINGS BLVD. UNIT 7 OCALA, FL 34470			Mailing Address 3800 NE SILVER SPRINGS BLVD. OCALA, FL 34470-4987 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 59-2715555		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WEISS, EMILY C 3800 NE SILVER SPRINGS BLVD # 22 OCALA, FL 34470			7. Name and Address of New Registered Agent Name McPherson, Joan Street Address (P.O. Box Number is Not Acceptable) 3800 E. Silver Springs Blvd., #1 City Ocala, Fl. FL 34470			
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 <i>Joan McPherson</i> JOAN McPherson 4-18-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 SZEWCZUK, PATRICIA N 3800 NE SILVER SPRINGS BLVD., #17 OCALA, FL 34470	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William Stephenson 3800 E. Silver Springs Blvd. #15 Ocala, Florida 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VANNOY, DOROTHY 3800 NE SILVER SPRINGS BLVD., #13 OCALA, FL 34470	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mayra Donnell 3800 E. Silver Springs Blvd. #7 Ocala, Florida 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEISS, EMILY C 3800 NE SILVER SPRINGS BLVD #22 OCALA, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Joan McPherson 3800 E. Silver Springs Blvd. #1 Ocala, Florida 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAIN, ROBERT 3800 NE SILVER SPRINGS BLVD #2 OCALA, FL 34470	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Don Kline 3800 E. Silver Springs Blvd. #11 Ocala, Florida 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Patricia Szwecyk 3800 E. Silver Springs Blvd. #17 Ocala, Florida 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 with an address, with all other like empowered.						
SIGNATURE: <i>Joan McPherson</i> JOAN McPherson 4-18-2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						