

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90108 047 ****70.00

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 - No P.O. Box # 3800 E. Silver Springs Blvd		3. Mailing Address 3800 E. Silver Springs Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ocala FL		City & State Ocala FL		4. FEI Number 59-2715555	
Zip 34470		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCPHERSON, JOAN 3800 EAST SILVER SPRINGS BLVD #1 OCALA, FL 34470			7. Name and Address of New Registered Agent Name <u>Don Kline</u> Street Address (P.O. Box Number is Not Acceptable) 3800 E. Silver Springs Blvd #11 City <u>Ocala</u> <u>FL</u> Zip Code <u>34470</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>Don Kline</u> 2-1-07 <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, 2007		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 P NAME STEPHENSON, WILLIAM STREET ADDRESS 3800 EAST SILVER SPRINGS BLVD #15 CITY-ST-ZIP OCALA, FL 34470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME DONNELL, MAURA STREET ADDRESS 3800 EAST SILVER SPRINGS BLVD #7 CITY-ST-ZIP OCALA, FL 34470	<input checked="" type="checkbox"/> Delete		TITLE S NAME Szewyuk Patricia STREET ADDRESS 3800 East Silver Springs Blvd #17 CITY-ST-ZIP Ocala FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MCPHERSON, JOAN STREET ADDRESS 3800 EAST SILVER SPRINGS BLVD #1 CITY-ST-ZIP OCALA, FL 34470	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME KLINE, DON STREET ADDRESS 3800 EAST SILVER SPRINGS BLVD #11 CITY-ST-ZIP OCALA, FL 34470	<input type="checkbox"/> Delete		TITLE VP, T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SZEWYUK, PATRICIA STREET ADDRESS 3800 EAST SILVER SPRINGS BLVD #17 CITY-ST-ZIP OCALA, FL 34470	<input checked="" type="checkbox"/> Delete		TITLE D NAME Dorothy Vannoy STREET ADDRESS 3800 East Silver Springs Blvd #13 CITY-ST-ZIP Ocala, FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME Wilson, Gene STREET ADDRESS 3800 East Silver Springs Blvd #10 CITY-ST-ZIP Ocala, FL 34470	<input type="checkbox"/> Change <input checked="" 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: <u>Don Kline</u> 2-1-2007 352-369-1292 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					