

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06570

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** PARK MANAGEMENT INC.

**Current Principal Place of Business:**

871 FAULKWOOD CT  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 50324  
SARASOTA, FL 34232 US

**New Mailing Address:**

**FEI Number:** 59-2487622

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THORPE, JAMES J  
871 FAULKWOOD CT  
SARASOTA, FL 34232 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** JASO, RYAN M  
**Address:** 4020 WOODVIEW DRIVE  
**City-St-Zip:** SARASOTA, FL 34232 55

**Title:** VP  
**Name:** SARDELIS, NICK  
**Address:** 4250 WOODVIEW DRIVE  
**City-St-Zip:** SARASOTA, FL 342323-25 35

**Title:** S  
**Name:** HILL, MARTHA  
**Address:** 4137 WOODVIEW DRIVE  
**City-St-Zip:** SARASOTA, FL 34232 59

**Title:** T  
**Name:** THORPE, JAMES J  
**Address:** 871 FAULKWOOD CT  
**City-St-Zip:** SARASOTA, FL 34232 49

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JAMES J THORPE

TREA

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date