

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -7 AM 11: 04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N07322 (3)
1. Corporation Name
PARKHILL MANOR HOME OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
10101 BURST STORE ROAD #300 PUNTA GORDA FL 33950-4938

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/28/1985	3a. Date of Last Report 04/19/1994
4. FEI Number 59-2562588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent
~~HALDEMAN, BYRON
10101 BURNT STORE RD.
#300
PUNTA GORDA FL 33950~~

10. Name and Address of New Registered Agent
81 Name **KINGSBURY, BRUCE**
82 Street Address (P.O. Box Number is Not Acceptable)
10101 BURNT STORE RD.
83 **LOT #89**
84 City **PUNTA GORDA** **FL** 85 Zip Code **33950**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE BRUCE KINGSBURY, PRESIDENT *Bruce Kingsbury* **4/3/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required when constituting) DATE

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	PRISER, THERMA
STREET ADDRESS	10101 BURNT STORE RD 62
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	ATD
NAME	GEHLING, CURTIS
STREET ADDRESS	10101 BURNT STORE RD #6
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	TD
NAME	HALDEMAN, BYRON
STREET ADDRESS	10101 BURNT STORE RD #300
CITY - ST - ZIP	PUNTA GORDA FL 33950
TITLE	SD
NAME	SIPOS, ESTHER
STREET ADDRESS	10101 BURNT STORE RD, #95
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	ASD
NAME	WEAVER, LEE
STREET ADDRESS	10101 BURNT STORE RD, #10
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	VPD
NAME	SEMO, PAUL
STREET ADDRESS	10101 BURNT STORE RD, #157
CITY - ST - ZIP	PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KINGSBURY, BRUCE
3.3 STREET ADDRESS	10101 BURNT STORE RD. #89
3.4 CITY - ST - ZIP	PUNTA GORDA, FL. 33950
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TOLLISEN, ENOCH
5.3 STREET ADDRESS	10101 BURNT STORE RD. #147
5.4 CITY - ST - ZIP	PUNTA GORDA, FL. 33950
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BRUCE KINGSBURY, PRESIDENT *Bruce Kingsbury* **4/3/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)