NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPA Sandra Secret DIVISION OF	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # NO7322 (3) PARKHILL MANOR HOME OWNERS ASSOCIATION, INC.							
Principal Place of Business Mailing Address 10101 BURST STORE ROAD 10101 BURST STORE ROAD					r sea incar Dai, Donii 100004 fishio (19010	ALDI OLOLI DIGIL OLOLI ELELI	0/01! JIOH 1801
#300 PUNTA GORDA FL 33950-4938 #300 PUNTA GORDA FL 33950-4938				Ì			
					 Date Incorporated or Qualified 01/28/1985 	3a. Date of Last 04/07/1	Report 995
Principal Place of Business The Principal Place of Business		2a. Mailing Address 26	٦		4. FEI Number 59-2562588	- +	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	\$8.75	Additional
City & Sta	te	City & State			6. Election Campaign Financing	\$5.0	Required May Be
Zip	Country 25	Zip 29	Country 30		Trust Fund Contribution 8. This corporation has liability for in Florida Statutes	Adde	d to Fees 199.032,
	9. Name and Address of Curren	t Registered Agent	81 Name		10. Name and Address of New Re		
10101 BURNT STORE RD KOKRSX PUNTA GORDA FL 33950 10 101 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this state or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE BYRON HALDEMAN, PRESIDENI' Signature, typod or printed name of registered agent and title if applicable INOIT Registered agent surrature generated agent and title if applicable INOIT Registered agent surrature generated agent and title if applicable INOIT Registered agent surrature generated agent and title if applicable						FL 85 Zip	agent. I am
12.	OFFICERS AND	DIRECTORS	Registered Agent's gnature 13.	required wh	er reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE NAME	PRISER, THERMA	XXOELETE	1.1 TITLE 1.2 NAME	TD	ert Pickett	Change	XXAddition 2
STREET ADDRESS	10101 BURNT STORE RD 62 PUNTA GURDA FL		1.3 STREET ADDRESS	101	.01 Burnt Store Rd. nta Gorda, Fl. 33950	.,	RS IN 12 RIS IN 12 (15, 27, 27, 27, 27, 27, 27, 27, 27, 27, 27
TITLE	ATD	DELETE	14 CITY-ST-ZIP 21 TITLE	1 4	ica Gorda, F1. 55950	☐ Change	Addition S
NAME STREET ADDRESS CITY-ST-ZIP	GEHLING, CURTIS 10101 BURNT STORE RD #6 PUNTA GORDA FL		2.2 NAME 2.3 STREET ADDRESS				
TITLE	PD	XX) DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	PD		☐ Change	Addition
NAME STREET ADDRESS	KINGSBURY, BRUCE 10101 BURNT STOBE RD., #8 PUNTA GORDA FL	9	32 NAME 33 STREET ADDRESS		on Haldeman 01 Burnt Store Rd.	#7 4	
CITY-ST-ZIP TITLE	SD	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	 		☐ Change	Addition
NAME STREET ADDRESS	SIPOS, ESTHER 10101 BURNT STORE RD, #95	5	4. 2 NAME 4.3 STREET ADDRESS			_ , .	
CITY-ST-2IP	PUNTA GORDA FL ASD		4.3 STREET ADDRESS				
NAME STREET ADDRESS	TOLLISEN, ENOCH 10101 BURNT STORE RD #141	□DELETE 7	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE	PUNTA GORDA FL	XXXIDELETE	5.4 CITY - ST - ZIP 6.1 TITLE	VPD		Change	XX Addition
NAME STREET ADDRESS	SEMO, PAUL 10101 BURNT STORE RD, #15		62 NAME 63 STREET ADDRESS	Nel 101	son Houck 01 Burnt Store Rd.	□ Change #24	₹71woqii00ii
CITY-ST-ZIP 14. I do hereb	PUNTA GORDA FL y certify that the information supplied with	th this filing is voluntarily furnial	6.4 CITY-ST-ZIP	Ed. Co. Al-	ta Gorda, Fl. 33950	(0)(1)	
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 119.07(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 cath; 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 shadged or on an attachment with an address.							
SIGNATURE: Byron Haldeman President Nar.22, 1996 SIGNATURE: Byron Haldeman President SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Date: Proper to							