

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N07322 (3)**

1. Corporation Name  
**PARKHILL MANOR HOME OWNERS ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **01/28/1985**  
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country

4. FEI Number: **59-2562588**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
~~X~~ **KINGSBURY, BRUCE**  
**10101 BURNT STORE RD**  
~~X~~ **PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent  
81 Name: **BYRON HALDEMAN**  
82 Street Address (P.O. Box Number is Not Acceptable): **10101 Burnt Store Rd.**  
83 **Lot #74.**  
84 City: **Punta Gorda, Fl.** **FL** 85 Zip Code: **33950**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **BYRON HALDEMAN, PRESIDENT** *Byron Haldeman* DATE: **MAR. 22, 1996**

12. OFFICERS AND DIRECTORS

TITLE	<del>TD</del>	<del>PRISER, THERMA</del>	<del>XX DELETE</del>
NAME			
STREET ADDRESS		<del>10101 BURNT STORE RD #2</del>	
CITY-ST-ZIP		<del>PUNTA GORDA FL</del>	
TITLE	ATD	GEHLING, CURTIS	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		10101 BURNT STORE RD #6	
CITY-ST-ZIP		PUNTA GORDA FL	
TITLE	<del>PD</del>	<del>KINGSBURY, BRUCE</del>	<del>XX DELETE</del>
NAME			
STREET ADDRESS		<del>10101 BURNT STORE RD., #89</del>	
CITY-ST-ZIP		<del>PUNTA GORDA FL</del>	
TITLE	SD	SIPOS, ESTHER	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		10101 BURNT STORE RD, #95	
CITY-ST-ZIP		PUNTA GORDA FL	
TITLE	ASD	TOLLISEN, ENOCH	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		10101 BURNT STORE RD #147	
CITY-ST-ZIP		PUNTA GORDA FL	
TITLE	<del>VPD</del>	<del>SEMO, PAUL</del>	<del>XXX DELETE</del>
NAME			
STREET ADDRESS		<del>10101 BURNT STORE RD, #157</del>	
CITY-ST-ZIP		<del>PUNTA GORDA FL</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Pickett	
1.3 STREET ADDRESS	10101 Burnt Store Rd. #112	
1.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Byron Haldeman	
3.3 STREET ADDRESS	10101 Burnt Store Rd. #74	
3.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Nelson Houck	
6.3 STREET ADDRESS	10101 Burnt Store Rd. #24	
6.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950	

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 119.073(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: **Byron Haldeman** President DATE: **Mar. 22, 1996**

CR2E037 (12/95)