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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

10101 BURST STORE ROAD
#300
PUNTA GORDA FL 33950-7836



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/28/1985

3a. Date of Last Report

03/29/1996

4. FEI Number

59-2562588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Thelma Priser, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5-12-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~TD~~ ☒ DELETE
NAME ~~PICKETT, ROBERT~~
STREET ADDRESS ~~10101 BURNT STORE ROAD #112~~
CITY-ST-ZIP ~~PUNTA GORDA FL~~

TITLE ~~ATD.~~ ☐ DELETE
NAME ~~GEHLING, CURTIS~~
STREET ADDRESS ~~10101 BURNT STORE RD #6~~
CITY-ST-ZIP ~~PUNTA GORDA FL~~

TITLE ~~PD~~ ☒ DELETE
NAME ~~HALDEMAN, BYRON~~
STREET ADDRESS ~~10101 BURNT STORE ROAD #74~~
CITY-ST-ZIP ~~PUNTA GORDA FL~~

TITLE ~~SD~~ ☒ DELETE
NAME ~~SIPOS, ESTHER~~
STREET ADDRESS ~~10101 BURNT STORE RD, #95~~
CITY-ST-ZIP ~~PUNTA GORDA FL~~

TITLE ~~ASD~~ ☐ DELETE
NAME ~~TOLLISEN, ENOCH~~
STREET ADDRESS ~~10101 BURNT STORE RD #147~~
CITY-ST-ZIP ~~PUNTA GORDA FL~~

TITLE ~~VPD~~ ☐ DELETE
NAME ~~HOUCK, NELSON~~
STREET ADDRESS ~~10101 BURNT STORE ROAD #24~~
CITY-ST-ZIP ~~PUNTA GORDA FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~Treasurer/Dir.~~ ☒ Change ☐ Addition
1.2 NAME ~~Robert Bryant~~
1.3 STREET ADDRESS ~~10101 Burnt Store Rd. #88~~
1.4 CITY-ST-ZIP ~~Punta Gorda, Fl. 33950~~

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ~~President/dir.~~ ☒ Change ☐ Addition
3.2 NAME ~~Thelma Priser~~
3.3 STREET ADDRESS ~~10101 Burnt Store Rd. #62~~
3.4 CITY-ST-ZIP ~~Punta Gorda, Fl. 33950~~

4.1 TITLE ~~Secretary/Dir.~~ ☒ Change ☐ Addition
4.2 NAME ~~Curtis Kelsey~~
4.3 STREET ADDRESS ~~10101 Burnt Store Rd. #86~~
4.4 CITY-ST-ZIP ~~Punta Gorda, Fl. 33950~~

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ~~Vice Pres/Dir~~ ☐ Change ☐ Addition
6.2 NAME ~~Byron Haldeman~~
6.3 STREET ADDRESS ~~10101 Burnt Store Rd. #89~~
6.4 CITY-ST-ZIP ~~Punta gorda, Fl 33950~~

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Thelma Priser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-97

Date

941-637-7174

Daytime Phone # 0067627

CR2E037 (9/96)