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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

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 33950-7838

3. Date Incorporated or Qualified 01/28/1985
3a. Date of Last Report 03/29/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2562588	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
HALDEMAN, BYRON 10101 BURNT STORE RD LOT 74 PUNTA GORDA FL 33950		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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 *Thelma Priser* 5-12-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Treasurer/Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT, ROBERT	1.2 NAME	Robert Bryant
STREET ADDRESS	10101 BURNT STORE ROAD #112	1.3 STREET ADDRESS	10101 Burnt Store Rd. #88
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950
TITLE	ATD. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEHLING, CURTIS	2.2 NAME	
STREET ADDRESS	10101 BURNT STORE RD #6	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	President/dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALDEMAN, BYRON	3.2 NAME	Thelma Priser
STREET ADDRESS	10101 BURNT STORE ROAD #74	3.3 STREET ADDRESS	10101 Burnt Store Rd. #62
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary/Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIPOS, ESTHER	4.2 NAME	Curtis Kelsey
STREET ADDRESS	10101 BURNT STORE RD, #95	4.3 STREET ADDRESS	10101 Burnt Store Rd. #86
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950
TITLE	ASD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLLISEN, ENOCH	5.2 NAME	
STREET ADDRESS	10101 BURNT STORE RD #147	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUCK, NELSON	6.2 NAME	Vice Pres/Dir Byron Haldeman
STREET ADDRESS	10101 BURNT STORE ROAD #24	6.3 STREET ADDRESS	10101 Burnt Store Rd. #89
CITY-ST-ZIP	PUNTA GORDA FL	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 5-12-97 941-637-7174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067627

CR2E037 (9/96)