


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northing 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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/28/1985 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent HALDEMAN, BYRON 10101 BURNT STORE RD LOT 74 PUNTA GORDA FL 33950 			
10. Name and Address of New Registered Agent 81 Name THELMA PRISER 82 Street Address (P.O. Box Number is Not Acceptable) 10101 Burnt Store Rd. 83 Lot #62 84 City Punta Gorda 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 <i>Thelma Priser</i> 4-24-98 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYANT, ROBERT		1.2 NAME		
STREET ADDRESS	10101 BURNT STORE RD, #88		1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP		
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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRISER, THELMA		3.2 NAME		
STREET ADDRESS	10101 BURNT STORE RD, #62		3.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		3.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELSEY, CURTIS		4.2 NAME		
STREET ADDRESS	10101 BURNT STORE RD, #86		4.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		4.4 CITY-ST-ZIP		
TITLE	ASD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOLLISEN, ENOCH		5.2 NAME	Leo Rasmussen	
STREET ADDRESS	10101 BURNT STORE RD #147		5.3 STREET ADDRESS	10101 Burnt Store Rd. #18	
CITY-ST-ZIP	PUNTA GORDA FL		5.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALDEMAN		6.2 NAME	Jack Graham	
STREET ADDRESS	10101 BURNT STORE RD, #89		6.3 STREET ADDRESS	2932 McKoon Ave.	
CITY-ST-ZIP	PUNTA GORDA FL		6.4 CITY-ST-ZIP	Niagara Falls, NY 14305	

14. I 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* President

4/3/98

941-639-1958

CR2E037 (10/97)