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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07322

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

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

01/28/1985

22 City & State

27 City & State

4. FEI Number

59-2562588

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

24

25

29

30

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PRISER, THELMA
10101 BURNT STORE RD
LOT #62
PUNTA GORDA FL 33950~~

81 Name
Leo Rasmussen

82 Street Address (P.O. Box Number is Not Acceptable)
10101 Burnt Store Rd. #18

83

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 Leo Rasmussen/President

3-12-1999

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
NAME BRYANT, ROBERT
STREET ADDRESS 10101 BURNT STORE RD, #88
CITY-ST-ZIP PUNTA GORDA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

TITLE PD
NAME PRISER, THELMA
STREET ADDRESS 10101 BURNT STORE RD, #62
CITY-ST-ZIP PUNTA GORDA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Pres./Dir
Leo Rasmussen
10101 Burnt Store Rd. #18
Punta Gorda, FL. 33950

☒ Change ☐ Addition

TITLE SD
NAME KELSEY, CURTIS
STREET ADDRESS 10101 BURNT STORE RD, #86
CITY-ST-ZIP PUNTA GORDA FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Sec./Dir
Theodore Lindstrom
10101 Burnt Store Rd. #20
Punta Gorda, FL. 33950

☒ Change ☐ Addition

TITLE VPD
NAME GRAHAM, JACK
STREET ADDRESS 2932 MCKOON AVE
CITY-ST-ZIP NIAGARA FALLS NY 14305

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Leo Rasmussen/President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-1999

941-637-1402

Date

Daytime Phone #

CR2E037 (1/98)