

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0097185

DOCUMENT # N07322

1. Entity Name

PARKHILL MANOR HOME OWNERS ASSOCIATION, INC.

03-20-2002 90057 031 ****61.25

Principal Place of Business

Mailing Address

10101 BURST STORE ROAD
 #300
 PUNTA GORDA FL 33950-4938

10101 BURST STORE ROAD
 #300
 PUNTA GORDA FL 33950-4938

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2562588

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RASMUSSEN, LEO
10101 BURNT STORE RD
#18
PUNTA GORDA FL 33950

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

~~TITLE: TD
 NAME: BRYANT, ROBERT
 STREET ADDRESS: 10101 BURNT STORE RD, #88
 CITY-ST-ZIP: PUNTA GORDA FL~~ Delete

TITLE: Treasurer Change Addition
 NAME: Curt Gehling
 STREET ADDRESS: 10101 Burnt Store Rd #6
 CITY-ST-ZIP: Punta Gorda, Fl 33950

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

TITLE: Asst Treasurer Change Addition
 NAME: Phil Bernard
 STREET ADDRESS: 10101 Burnt Store Rd #16A
 CITY-ST-ZIP: Punta Gorda, Fl 33950

TITLE: PD
 NAME: RASMUSSEN, LEO
 STREET ADDRESS: 10101 BURNT STORE ROAD, #18
 CITY-ST-ZIP: PUNTA GORDA FL 33950 Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: SD
 NAME: LINDSTROM, THEODORE
 STREET ADDRESS: 10101 BURNT STORE ROAD, #20
 CITY-ST-ZIP: PUNTA GORDA FL 33950 Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: ~~Asst Secretary~~ Change Addition
 NAME: ~~Phil Bernard~~
 STREET ADDRESS: ~~10101 Burnt Store Rd #16A~~
 CITY-ST-ZIP: ~~Punta Gorda, Fl 33950~~

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ~~Asst Secretary~~ Change Addition
 NAME: ~~Phil Bernard~~
 STREET ADDRESS: ~~10101 Burnt Store Rd #16A~~
 CITY-ST-ZIP: ~~Punta Gorda, Fl 33950~~

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leo Rasmussen*
 President, Leo Rasmussen

3/8/02

941-639-1958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)