


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90158 003 \*\*\*\*61.25

DOCUMENT # N07322			
1. Entity Name <b>PARKHILL MANOR HOME OWNERS ASSOCIATION, INC.</b>			
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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>LINDSTROM, THEODORE G 10101 BURNT STORE RD # 20 PUNTA GORDA FL 33950</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>			



1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-2562588</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: CRONIN, DAVE STREET ADDRESS: 10101 BURNT STORE RD #105 CITY-ST-ZIP: PUNTA GORDA FL 33950	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
AT NAME: GEHLING, CURT STREET ADDRESS: 10101 BURNT STORE RD #6 CITY-ST-ZIP: PUNTA GORDA FL 33950	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS NAME: RASMUSSEN, LEO STREET ADDRESS: 10101 BURNT STORE ROAD, #18 CITY-ST-ZIP: PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Delete	DIR. - MARY RAS MUSEN NAME: MARY RAS MUSEN STREET ADDRESS: 10101 BURNT STORE RD #18 AVE. A. CITY-ST-ZIP: PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: LINDSTROM, THEODORE STREET ADDRESS: 10101 BURNT STORE ROAD, #20 CITY-ST-ZIP: PUNTA GORDA FL 33950	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
B NAME: GRAHAM, JACK STREET ADDRESS: 2932 MCKOON AVE CITY-ST-ZIP: NIAGARA FALLS NY 14305	<input checked="" type="checkbox"/> Delete	DIR. - FREDONT MERRIAM NAME: FREDONT MERRIAM STREET ADDRESS: 10101 BURNT STORE RD. # 95 CITY-ST-ZIP: PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME: BERNARD, PHIL STREET ADDRESS: 10101 BURNT STORE RD. #16A CITY-ST-ZIP: PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Delete	VP - CHARLIE OWENS NAME: CHARLIE OWENS STREET ADDRESS: 10101 BURNT STORE RD #10A CITY-ST-ZIP: PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Theodore Lindstrom, President 