

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90019 005 ****61.25

DOCUMENT # N07322

1. Entity 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2562588

Applied For

Not Applicable

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

~~LINDSTROM, THEODORE G
10101 BURNT STORE RD
20
PUNTA GORDA FL 33950~~

Name

Mary Lou Rasmussen

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

10101 Burnt Store Rd
#18

City

Punta Gorda

FL

Zip Code

33950

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

Mary Lou Rasmussen

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	CRONIN, DAVE	
CITY ST ZIP	10101 BURNT STORE RD #105 PUNTA GORDA FL 33950	
NAME	AT	<input type="checkbox"/> Delete
STREET ADDRESS	GEHLING, CURT	
CITY ST ZIP	10101 BURNT STORE RD #6 PUNTA GORDA FL 33950	
NAME	S	<input type="checkbox"/> Delete
STREET ADDRESS	RASMUSSEN, MARY	
CITY ST ZIP	10101 BURNT STORE RD #18 AVE NORTH PUNTA GORDA FL 33950	
NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	LINDSTROM, THEODORE	
CITY ST ZIP	10101 BURNT STORE ROAD, #20 PUNTA GORDA FL 33950	
NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	MERRIAM, FARMOUNT	
CITY ST ZIP	10101 BURNT STORE RD #95 PUNTA GORDA FL 33950	
NAME	VP	<input type="checkbox"/> Delete
STREET ADDRESS	OWENS, CHARLIE	
CITY ST ZIP	10101 BURNT STORE RD # 10A PUNTA GORDA FL 33950	

UNIT NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
UNIT NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
UNIT NAME STREET ADDRESS CITY ST ZIP	President Rasmussen, Mary 10101 Burnt Store Rd #18 Punta Gorda, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
UNIT NAME STREET ADDRESS CITY ST ZIP	Secretary Lindstrom, Theodore 10101 Burnt Store Rd #20 Punta Gorda, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
UNIT NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
UNIT NAME STREET ADDRESS CITY ST ZIP	<input 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:

Mary Lou Rasmussen, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #