

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



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/06)

City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2562588**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
~~LINDSTROM, THEODORE G  
10101 BURNT STORE RD  
# 20  
PUNTA GORDA FL 33950~~

7. Name and Address of New Registered Agent  
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*  
**Mary Lou Rasmussen**  
Signature, typed or printed name of registered agent and title if applicable      (NOT 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		
NAME	T CRONIN, DAVE	<input type="checkbox"/> Delete
STREET ADDRESS	10101 BURNT STORE RD #105	
CITY ST ZIP	PUNTA GORDA FL 33950	
NAME	AT GEHLING, CURT	<input type="checkbox"/> Delete
STREET ADDRESS	10101 BURNT STORE RD #6	
CITY ST ZIP	PUNTA GORDA FL 33950	
NAME	S RASMUSSEN, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	1010 BURNT STORE RD #18 AVE NORTH	
CITY ST ZIP	PUNTA GORDA FL 33950	
NAME	P LINDSTROM, THEODORE	<input type="checkbox"/> Delete
STREET ADDRESS	10101 BURNT STORE ROAD, #20	
CITY ST ZIP	PUNTA GORDA FL 33950	
NAME	D MERRIAM, FARMOUNT	<input type="checkbox"/> Delete
STREET ADDRESS	10101 BURNT STORE RD #95	
CITY ST ZIP	PUNTA GORDA FL 33950	
NAME	VP OWENS, CHARLIE	<input type="checkbox"/> Delete
STREET ADDRESS	10101 BURNT STORE RD # 10A	
CITY ST ZIP	PUNTA GORDA FL 33950	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY ST ZIP		
NAME	President Rasmussen, Mary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10101 Burnt Store Rd #18	
CITY ST ZIP	Punta Gorda, FL 33950	
NAME	Secretary Lindstrom, Theodore	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10101 Burnt Store Rd #20	
CITY ST ZIP	Punta Gorda, FL 33950	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY ST ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY ST ZIP		

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*  
**Mary Lou Rasmussen, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #