2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # N11487** 04-30-2007 90844 024 ****61.25 PARKE EAST LOT OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address **EDGEMARK MANAGEMENT** EDGEMARK MANAGEMENT 3001 EXECUTIVE DR #260 3001 EXECUTIVE DR #260 CLEARWATER, FL 33762 CLEARWATER, FL 33762 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2633180 Applied For City & State City & State Not Applicable Country \$8.75 Additional Ζiρ Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **EDGEMARK MANAGEMENT** Street Address (P.O. Box Number is Not Acceptable) 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Y Delete TITLE TITLE SIEMS, JOHN 2002 PARKE EAST BLUD SALO, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 7002 PARKE EAST BLVD CITY-ST-ZIP CAMPA, FL 33610 CITY-ST-7IP TAMPA, FL 33610 JOHNSON, DAVID D ☑ Delete **Addition** 3001 EXECTIVE DR 4260 ROTH, JACK MAME NAME STREET ADDRESS P.O. BOX 15676 STREET ADDRESS CLELRUSTER, FL 33762 TAMPA, FL 33684 CITY-ST-ZIP CITY-ST-7IP FRANKLIN, DAVID Delete TID F THILE 3001 EXECUTIVE DR # 260 ROBERTS, DONALD W NAME NAME CLEARLY ATER, FL 33762 P.O. BOX 15676 STREET ADDRESS STREET ADDRESS TAMPA, FL 33684 CITY-51-78 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TILE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-70 Oelete Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITE F ☐ Change NAME NAME

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I hereby certify that the information supplied with this liling does not qualify for the exemptions contained in Chapter 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 it 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.

STREET ADDRESS

CITY-ST-ZIP

My Siens

STREET ADDRESS

CRY-ST-ZIP

President JOHN H SIEMS 4/25/07