

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

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90257 037 ****61.25

DOCUMENT # N19816

1. Entity Name

BLUE PARROT RESIDENTS ASSOCIATION, INC.



Principal Place of Business

% JONTHAN S. DEAN
P.O. BOX 490008
LEESBURG FL 34749-7008

Mailing Address

40840 CR 25
P.O. BOX 490008
LADY LAKE FL 32159
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2786906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEAN, JONATHAN S.
900 NORTH 14TH STREET
LEESBURG FL 34749

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

| | | |
|----------------|---------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | ORVILLE, PHILLIPP | |
| STREET ADDRESS | 40840 CR 25 LOT 55 | |
| CITY-ST-ZIP | LADY LAKE FL 32159 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | KOOPMAN, ARNOLD | |
| STREET ADDRESS | 40840 CR 25 LOT 252 | |
| CITY-ST-ZIP | LADY LAKE FL 32159 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | TREGGIARI, MARIE | |
| STREET ADDRESS | 40840 CR 25 LOT 51 | |
| CITY-ST-ZIP | LADY LAKE FL 32159 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | URBANEK, BONNIE | |
| STREET ADDRESS | 40840 CR 25 LOT 182 | |
| CITY-ST-ZIP | LADY LAKE FL 32159 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HARRIGAN, CAM | |
| STREET ADDRESS | 40840 CR 25 LOT 24 | |
| CITY-ST-ZIP | LADY LAKE FL 32159 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RUST, BOB | |
| STREET ADDRESS | 40840 CR 25 LOT 61 | |
| CITY-ST-ZIP | LADY LAKE FL 32159 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CLARKE, LEE | |
| STREET ADDRESS | 40840 CR 25 LOT 273 | |
| CITY-ST-ZIP | LADY LAKE, FL 32159 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PAESE, MIKE | |
| STREET ADDRESS | 40840 CR 25 LOT 097 | |
| CITY-ST-ZIP | LADY LAKE, FL 32159 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KANALEY, JAMES | |
| STREET ADDRESS | 40840 CR 25 LOT 114 | |
| CITY-ST-ZIP | LADY LAKE, FL 32159 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ERWIN, STANLEY | |
| STREET ADDRESS | 40840 CR 25 LOT 259 | |
| CITY-ST-ZIP | LADY LAKE, FL 32159 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BAILEY, KENNETH | |
| STREET ADDRESS | 40840 CR 25 LOT 178 | |
| CITY-ST-ZIP | LADY LAKE, FL 32159 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MAC FARLAN, MILDRED | |
| STREET ADDRESS | 40840 CR 25 LOT 326 | |
| CITY-ST-ZIP | LADY LAKE, FL 32159 | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNOLD KOOPMAN MAR 16, 2006 352-259-3703

Date

Daytime Phone