


FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90209 013 ****61 25

DOCUMENT # N24347						Secretary of State 04-26-2006 90209 013 ****61.25	
1. Entity Name PARSONS OAKS CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 401 N PARSONS AVE BRANDON, FL 33510 US				Mailing Address PO BOX 270453 TAMPA, FL 33688			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2949414			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BIRMINGHAM, CIENWEN 4418 STONEHENGE ROAD TAMPA, FL 33624				7. Name and Address of New Registered Agent Name Cienwen Kemper Street Address (P.O. Box Number is Not Acceptable) 4418 Stonehenge Road City TAMPA FL Zip Code 33624			
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 Cienwen Kemper, Cienwen Kemper, Prop. Mgr. 4-20-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GREENE, RICHARD 1705 COTTAGESIDE COURT BRANDON, FL 33510 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WOOLLEY, SUSAN 305 S. HYDE PARK AVE TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CATHIE SCHRODER 305 S. HYDE PARK AVENUE TAMPA, FL 33606		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE 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 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 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: Cathie Schroder Cathie Schroder <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/21/06 813-251-8437 <small>Date Daytime Phone #</small>			