

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

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N24347**

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**



01122007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2949414**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KEMPER, CIENWEN  
4418 STONEHEDGE RD  
TAMPA, FL 33624**

**DO NOT WRITE  
IN THIS SPACE**

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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENE, RICHARD 1705 COTTAGESIDE COURT BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHRODER, CATHIE 305 S. HYDE PARK AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/22/07-80017-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07

Date

813-251-8437

Daytime Phone #