


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90079 041 ****61.25

DOCUMENT # N39400					
1. Entity Name PARKER PLACE ASSOCIATION, INC.					
Principal Place of Business 7257 NW 4TH BLVD PMB 320 GAINESVILLE, FL 32607 US			Mailing Address 7257 NW 4TH BLVD PMB 320 GAINESVILLE, FL 32607 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOUTHERN, EDWARD P 13103 SW 31ST AVE. ARCHER, FL 32618				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	BM	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANDRIDGE, MELISSA			NAME	
STREET ADDRESS	2702 SW 132ND TERR			STREET ADDRESS	
CITY-ST-ZIP	ARCHER, FL 32618			CITY-ST-ZIP	
TITLE	BM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSWELL, SARA			NAME	
STREET ADDRESS	3229 SW 129TH TERR			STREET ADDRESS	
CITY-ST-ZIP	ARCHER, FL 32618			CITY-ST-ZIP	
TITLE	BDM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, GRETA			NAME	
STREET ADDRESS	3019 SW 130TH TERR			STREET ADDRESS	
CITY-ST-ZIP	ARCHER, FL 32618			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTHERN, EDWARD			NAME	
STREET ADDRESS	13103 SW 31ST AVENUE			STREET ADDRESS	
CITY-ST-ZIP	ARCHER, FL 32618			CITY-ST-ZIP	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, TERRY			NAME	
STREET ADDRESS	2706 SW 127 TERR			STREET ADDRESS	
CITY-ST-ZIP	ARCHER, FL 32618			CITY-ST-ZIP	
TITLE	BM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEHN, BILL			NAME	
STREET ADDRESS	2906 S.W. 130TH TERRACE			STREET ADDRESS	
CITY-ST-ZIP	ARCHER, FL 32618			CITY-ST-ZIP	
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 an other like empowered.					
SIGNATURE: <u>Edward P. Southern</u>				Date: <u>1/31/06</u> Daytime Phone #: <u>352-333-1060</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					