


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**


02-27-2008 90014 033 \*\*\*\*61.25

<b>DOCUMENT # N39400</b> 1. Entity Name <b>PARKER PLACE ASSOCIATION, INC.</b>	
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Principal Place of Business <b>7257 NW 4TH BLVD PMB 320 GAINESVILLE, FL 32607 US</b>	Mailing Address <b>7257 NW 4TH BLVD PMB 320 GAINESVILLE, FL 32607 US</b>
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**DO NOT WRITE IN THIS SPACE**

40000010



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3046415</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SOUTHERN, EDWARD P  
13103 SW 31ST AVE.  
ARCHER, FL 32618**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	BM CARSWELL, SARA 3229 SW 129TH TERR ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM LEWIS, GRETA 3019 SW 130TH TERR ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOUTHERN, EDWARD 13103 SW 31ST AVENUE ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM HOEHN, BILL 2906 S.W. 130TH TERRACE ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Paul Duffey 12913 S.W. 28th Place Archer, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Kathleen Bogalea 12717 S.W. 31st Ave Archer, FL 32618

**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:** Edward P Southern 2 / 11 / 2008 0409  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #