2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90302 031 ****61.25

0066711

DOCUMENT # N43076

1. Entity Name

PARKSIDE SOUTH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 736 HIGHLAND CITY FL 33846 US	P.O. BOX 736 HIGHLAND CITY FL 33846 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3023483 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, ROBIN D
4914 TRADITION DRIVE
LAKELAND FL 33813-3156

7. Name and Address of New Registered Agent

Name Linkwiler, Mike

Street Address (P.O. Box Number is Not Acceptable)

4953 Tradition Dr

City LAKELAND FL Zip Code 33813

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.

SIGNATURE Mike Linkwiler Mike Linkwiler 4.20.01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D ADAMS, ROBIN D 4914 TRADITION DR. LAKELAND FL 33813	☐ Delete	P/D Linkwiler, Mike 4953 Tradition Dr LAKELAND, FL 33813	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D BRYANT, LINDA K 4947 TRADITION DR. LAKELAND FL 33813	☐ Delete	VP/D Steve Bryant 4947 Tradition Dr LAKELAND, FL 33813	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D COLLIER, SONYA 4932 TRADITION DR LAKELAND FL 33813	☐ Delete	S/D Bryant, Linda 4947 Tradition Dr LAKELAND, FL 33813	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D BARLOW, JAN M 4908 TRADITION DR LAKELAND FL 33813	☐ Delete	T/D Hook, Michael 4924 Tradition Dr LAKELAND, FL 33813	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mike Linkwiler Mike Linkwiler 4.20.01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #