## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # N46316  1. Entity Name PARK ESTATES HOMEOWNERS	S ASSOCI	ATION, INC.							90199 01	.5 ****	*61.25
Principal Place of Business 560 PARK ESTATES SQUARE VENICE, FL 34293	560	ng Address PARK ESTATES SQU ICE, FL 34293	JARE		<b>-</b>	4	00670	88			
Principal Place of Business     3. Ma		Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04032006	Chg-NP	C	CR2E037 (	(11/05)	
City & State		City & State				4. FEI Number 65-033				<b>→</b>	pplied For ot Applicable
Zip Country	Zi	p	Cou	intry		5. Certificate	of Status Des	ired		.75 Add Require	
6. Name and Address of Cur	rent Register	ed Agent				7. Name and	Address of I	New Regi	stered Age	nt	
STIEGMANN, WILTON J				Name							
531 PARK ESTATES SQUARE VENICE, FL 34293			Street Address			P.O. Box Numb	er is Not Acce	ptable)			
VENICE, FL 34293											
				City					FL	Zip Cod	ie
8. The above named entity submits this statement	ent for the purp	cose of changing its r	egister	ed office or	register	ed agent, or bo	th, in the State	of Florid	1	iliar with,	, and accept
the obligations of registered agent.											
1											
SIGNATUREStonature, trood or crinted name of recistered	spent and title if ap	plicable (NOTF)	Renistere	ct Acient signati	s a carnired	when reinstations			DATE		
Signature, typed or printed name of registered	agent and title if ap				ure required	I when reinstating)			DATE		
	agent and lite if ap	picable. (NOTE: 9. Election Cam Trust Fund Ca	paign F	inancing	ure required	\$5.00 May E Added to Fees	3e		DATE e check partme		
Filing Fee Is \$61.25 Due by May 1, 2006  10. OFFICERS AN		9. Election Cam Trust Fund Ca	paign Fontribut	inancing ion.		\$5.00 May B		Florida	e check p Departmo	ent of S	tate
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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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Extra Milliams, Treasurer 4/24/06 (941) 408-7349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description Proces

Description

De