


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90015 033 ****61.25

DOCUMENT # N46316	
1. Entity Name PARK ESTATES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 560 PARK ESTATES SQUARE VENICE FL 34293	Mailing Address 560 PARK ESTATES SQUARE VENICE FL 34293
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0330542	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent STIEGMANN, WILTON J 531 PARK ESTATES SQUARE VENICE FL 34293

7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing ☐ **\$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 PD NAME STIEGMANN, WILTON J STREET ADDRESS 531 PARK ESTATES SQUARE CITY-ST-ZIP VENICE FL 34293	<input type="checkbox"/> Delete	TITLE D NAME ZINYCZ, IRENA STREET ADDRESS 524 WATERWOOD LANE CITY-ST-ZIP VENICE, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME ZINYCZ, IRINA STREET ADDRESS 598 ASTON WOODS CT CITY-ST-ZIP VENICE FL 34293	<input type="checkbox"/> Delete	TITLE PD NAME CULLINAN, JOHN STREET ADDRESS 524 WATERWOOD LANE CITY-ST-ZIP VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME WILLIAMS, ERIKA A STREET ADDRESS 525 WATERWOOD LANE CITY-ST-ZIP VENICE FL 34293	<input checked="" type="checkbox"/> Delete	TITLE TD NAME SHAHER-HOCKETT, BARBARA STREET ADDRESS 545 PARK ESTATES SQ. CITY-ST-ZIP VENICE FL 34293	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME HOCKETT, BARBARA STREET ADDRESS 545 PARK ESTATES SQ. CITY-ST-ZIP VENICE FL 34293	<input type="checkbox"/> Delete	TITLE SD NAME BEECH, JEANETTE STREET ADDRESS 561 PARK ESTATES SQUARE CITY-ST-ZIP VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BIDWICK, JUDI STREET ADDRESS 547 PARK ESTATES SQUARE CITY-ST-ZIP VENICE FL 34293	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Barbara L Shafer-Hockett **BARBARA L SHAFER-HOCKETT** 03/07/07 941-4969684 -