




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90026 014 ****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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01092008 Chg-NP CR2E037 (12/06) | |
| 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 | |
| 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 CULLINAN, JOHN Street Address (P.O. Box Number is Not Acceptable) 524 WATERWOOD LANE City VENICE FL Zip Code 34293 | | |
| 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  | | | JOHN CULLINAN, PRESIDENT 4/09/08 | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STIEGMANN, WILTON J 531 PARK ESTATES SQUARE VENICE, FL 34293 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MOLIN, JAN 541 PARK ESTATES SQ VENICE FL 34293 |
| <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ZINYZ, IRENA 598 ASTON WOODS CT VENICE, FL 34293 | <input checked="" type="checkbox"/> Delete | |
| <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CULLINAN, JOHN 524 WATERWOOD LANE VENICE, FL 34293 | <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HOCKETT, BARBARA 545 PARK ESTATES SQ. VENICE, FL 34293 | <input checked="" type="checkbox"/> Delete | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BEECH, JEANETTE 561 PARK ESTATES SQUARE VENICE, FL 34293 | <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZACKRISON, WALTER 515 PARK ESTATES SQ VENICE FL 34293 | <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZACKRISON, WALTER 515 PARK ESTATES SQ VENICE FL 34293 | <input type="checkbox"/> Delete | |
| 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:  | | | JAN MOLIN, TREASURER 4/09/08 (941) 493-1463 | | |