

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90238 018 ****61.25

DOCUMENT # N47282

1. Entity Name
**PARKSIDE NEIGHBORHOOD ASSOCIATION OF
HUNTER'S GREEN, INC.**



Principal Place of Business
**2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779-5044 US**

Mailing Address
**2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779-5044 US**

40084933



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04052007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-3134681

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434, STE 5000
LONGWOOD, FL 32779-5044**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 NAME STREET ADDRESS CITY-ST-ZIP | D VERGAUWEN, RICHARD 17729 LONG RIDGE RD TAMPA, FL 33647 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PULTORAK, JOANNE 9417 OAK MEADOW CT TAMPA FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BROWN, RANDY 17701 PARKWAY GREEN LN TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WILLIAMS, THOMAS 9404 OAK MEADOW CT TAMPA FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MURPHY, TAUNA 9423 OAK MEADOW CT TAMPA, FL 33647 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MURPHY, TAUNA 9423 OAK MEADOW CT TAMPA FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BAHL, EVAN 9408 OAK MEADOW CT TAMPA, FL 33647 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BAHL, EVAN 9408 OAK MEADOW CT TAMPA FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZUCCHETTI, JORGE 9420 OAK MEADOW CT TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PATZNER, LAURA 9413 WILLOW COVE CT TAMPA FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARLSON, ALLISON 17722 RIDGEWAY POINT PL TAMPA, FL 33647 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASD CARLSON, ALLISON 17722 RIDGEWAY POINT PL TAMPA FL 33647 <input checked="" 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 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: *Allison M Carlson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2007
Date Daytime Phone #