2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47282

FILED Mar 31, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2180 W SR 434 **SUITE 5000**

LONGWOOD, FL 327795044 US

New Mailing Address: Current Mailing Address:

2180 W SR 434 SUITE 5000

LONGWOOD, FL 327795044 US

FEI Number: 59-3134681 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 W SR 434, STE 5000 LONGWOOD, FL 327795044 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete PULTORAK, JOANNE GONZALEZ, BRIAN Name: Name: 9417 OAK MEADOW CT Address: 9405 WILLOW COVE CT Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: SD () Delete Title: (X) Change () Addition WILLIAMS, THOMAS Name: SHAW, JESSICA Name: Address: 9404 OAK MEADOW CT Address: 9422 WILLOW COVE CT

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: () Delete Title: VPD (X) Change () Addition MURPHY, TAUNA MURPHY, TAUNA Name: Name: 9423 OAK MEADOW CT Address: Address: 9423 OAK MEADOW CT

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

() Delete Title: PD Title: TD (X) Change () Addition BAHL, EVAN Name:

BAHL, EVAN Name: 9408 OAK MEADOW CT Address: Address: 9408 OAK MEADOW CT City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: () Delete Title: (X) Change () Addition

PATZNER, LAURA OCONNOR, MARJORIE Name: Name: 17703 PARKWAY GREEN LN 9413 WILLOW COVE CT Address: Address:

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: () Delete Title: (X) Change () Addition CARLSON, ALLISON CARLSON, ALLISON Name: Name: Address: 17722 RIDGEWAY POINT PL Address: 17722 RIDGEWAY POINT PL

TAMPA, FL 33647 TAMPA, FL 33647 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON CARLSON PD 03/31/2009