## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 08, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N93000000 PARK HOMEOWNERS AS:		08-08-2001	7 90068 018 ****6	1.25						
104	e of Business UKEE COMMONS DRIVE :E, FL 32308 US										
	lace of Business - No P.O. Box #	3. Mailing Address									
3968	N. Monroe St.	P.O. Box 18	30657		ES MIM ESIN ESIN BI		1				
Suite, Apt.	· 	Suite, Apt. #, etc.			Chg-NP	CR2E037 (12/06)					
City & State	hassee FL	City & State La llahassee	FL	4. FEI Number 59-31641	64	h <del>-   -</del>	plied For at Applicable				
Zip <b>323</b>	Country	32318	Country	5. Certificate of	Status Desired	□ \$8.75 Add Fee Required					
	6. Name and Address of Current F					Registered Agent					
	RY, TAMMY S.		Name	<u>LeAnn Sboi</u>	<u>rdone</u>						
1815 MICC 104	DSUKEE COMMONS DRIVE		Street A	ddress (P.O. Box Number is <b>BOWNERS ASS</b> (	(P.O. Box Number is No. Acceptable)  NECS ASSOCIATION SERVICES						
	SSEE, FL 32308		I	8 N. Monroe							
		allahassee	Zin Code								
	named entity submits this statement for	the purpose of changing its req	gistered office or	<del></del>	n the State of F	orida. I am familiar with,	and accept				
the obligat	ions of registered agent.		•								
SIGNATURE LEARN Shordone LeARN Shordone Manager 8-1-07											
SIGNATURE .							i				
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE, Ri	lagistered Agent signati			DATE					
		9. Election Campa Trust Fund Con	aign Financing			DATE  Make check payable to rida Department of St					
<b>D</b> (	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 ue by September 14, 2007  OFFICERS AND DIR	9. Election Campa Trust Fund Con	aign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flo	DATE  Make check payable to rida Department of St ERS AND DIRECTORS IN	10				
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12. I hereby certify that the information supplied with this filing does not quality 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:	LeAnn	Spordone	Le Ann Sbordone	Manager	8-1-07	850-562-8708
			E OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #