NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

N93000001708 (7)

PARSON'S POND PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address			I 1001/104 DEG LENDE PRIEK EGINY BERNY BERNY BERNY BERNY FRENY FRENK DOEDN HENN HORN		
237 HINT C	LUB BLVD. #201	237 HUNT CLUB BLVD. #	201		
LONGWOOD		LONGWOOD FL 32779	•		
				3. Date Incorporated or Qualified 04/16/1993	3a. Date of Last Report 05/01/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 218	BO WEST SR 434	26 2180 WEST S	SR 434	59-2859951	Not Applicable
Suite, Apt. 22 500		Suite, Apt. #, etc. 5000		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	GWOOD FL	City & State LONGWOOD FI	-	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24 32	779 25 USA	11	30 USA	Florida Statutes L 10. Name and Address of New Re	Yes No
	9. Name and Address of Curren	Registered Agent	81 Name	10. Name and Address of New As	distaten waenr
				JAMES W HART JR	
VINÇENT, P. 82			82 Street A	t Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT INC	
237 HUNT CLUB BLVD.			63		
≠201	IAAD EL AATTA			2180 WEST SR 434 SUI	TE 5000
	OOD FL 32779		84 City	LONGWOOD	FL 85 Zip Code 32779
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named cor	poration submits this statement for the purpoper of directors. I hereby accept the appo	oose of changing its registered office
or registe familiar w	red agent, or both, in the State of Florid ith, and accept the obligations of, Secti	a. Such change was authorized op 617.0503, Florida Statutes.	by the corporation's t	doard of directors. Thereby accept the appo	/
SIGNATURE		(las-	>12	29/95
			Regulared Agent signature re-	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
12. TITLE	DFFICERS AND	TX DELETE	1 I TITLE		Change XAdd tion
NAME	PD	Marcano	1 2 NAME	PD Barbara Beczak	
STREET ADORESS	LEERDAM, A.C. (ED) 166 LOOKOUT PL. #100		1.3 STREET ADDRESS	2419 PARSONS POND CI	RCL F
CITY-ST-ZIP	MAITLAND FL 32751		1.4 CITY - ST - ZIP	KISSIMMEE, FL	
TITLE	VD VD	[¥] DELETE	2 1 TIFLE	VD	☐ Change
NAME	VAN ETTEN, CHARLOTTE P	••	2 2 NAME	THOMAS MCGLINCHEY	
STREET ADDRESS	166 LOOKOUT PLACE, #100	1	23 STREET ACORESS	2414 WEYMOUTH COURT	
CITY-ST-ZIP	MAITLAND FL 32751		2 4 CITY-S - ZIP	KISSIMMEE, FL	Clobana Fill salar
TITLE	D	DELETE	3 1 TITLE	SD .	Change Addition
NAME	BERMUDEZ, IDA		3.2 NAME	SARAH QUINONES	
STREET ADDRESS	2504 PARSONS POND CIRC	LE	3 3 STREET ALIORESS	2508 HADLEIGH COURT	
CITY - ST - ZIP	KISSIMMEE FL 34743	DELETE	34 CITY-ST-ZIP	KISSIMMEE, FL	Change Addition
TITLE		Попт	4. 2 NAME	TD	—
NAME CTOCCT ADDRESS			4.3 STREET ADDRESS	NORMAN E. LORENZO 2413 WEYMOUTH COURT	
STREET ADDRESS			4.4 CiTY - S1 - 7IP	KISSIMMEE, FL	
CITY-ST-ZIP TITLE		DELETE	51 TITLE	n	Change Addition
NAME			5 2 NAME	NORO O TIZOL	n
STREET ADDRESS			53 STREET ADDRESS	2469 PARŞONS POND CI	RCLE
CITY-ST-ZIP			5 4 CITY - S7 - ZIP	KISSIMMEE, FL	
TITLE		DELETE	. 6 1 TITLE .	60000189	59156 Addition
NAME			6 2 NAME	-06/12/96010	18031 64-94
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	WAR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 38 if changed, or on an attachment with an address. BARBARA BECZAK 4-30-96 407-344-0644 **SIGNATURE:**

6.4 CITY - S - ZIP