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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000001708 (7)

1. Corporation Name

PARSON'S POND PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779-5044



3. Date Incorporated or Qualified

04/16/1993

3a. Date of Last Report

06/11/1996

4. FEI Number

~~59-0000054~~ 59-3184297

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W JR
SENTRY MANAGEMENT, INC. SUITE 5000
2180 WEST STATE ROAD 434
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BECZAK, BARBARA
STREET ADDRESS 2419 PARSONS POND CIRCLE
CITY-ST-ZIP KISSIMMEE FL

TITLE VD ☐ DELETE

NAME MCGLINCHEY, THOMAS
STREET ADDRESS 2414 WEYMOUTH COURT
CITY-ST-ZIP KISSIMMEE FL

TITLE SD ☐ DELETE

NAME QUINONES, SARAH
STREET ADDRESS 2508 HADLEIGH COURT
CITY-ST-ZIP KISSIMMEE FL

TITLE TD ☐ DELETE

NAME LORENZO, NORMAN E
STREET ADDRESS 2413 WEYMOUTH COURT
CITY-ST-ZIP KISSIMMEE FL

TITLE D ☐ DELETE

NAME TIZOL, NORO O
STREET ADDRESS 2489 PARSONS POND CIRCLE
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

KISSIMMEE FL 34743

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

KISSIMMEE FL 34743

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

KISSIMMEE FL 34743

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

KISSIMMEE FL 34743

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

KISSIMMEE FL 34743

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 13 if changed, or on an attachment with an address.

CR2E037 (9/96)