

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001708 (7)**  
 1. Corporation Name  
**PARSON'S POND PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779</b>	Mailing Address <b>2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779</b>
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3. Date Incorporated or Qualified <b>04/16/1993</b>
4. FEI Number <b>59-3184297</b>
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip
Country 25	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BECZAK, BARBARA</b>	
STREET ADDRESS	<b>2419 PARSONS POND CIRCLE</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>MCGLINCHEY, THOMAS</b>	
STREET ADDRESS	<b>2414 WEYMOUTH COURT</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>QUINONES, SARAH</b>	
STREET ADDRESS	<b>2508 HADLEIGH COURT</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>LORENZO, NORMAN E</b>	
STREET ADDRESS	<b>2413 WEYMOUTH COURT</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>TIZOL, NORO O</b>	
STREET ADDRESS	<b>2469 PARSONS POND CIRCLE</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>STD</b>
4.3 STREET ADDRESS	<b>Rosa Lopez</b>
4.4 CITY-ST-ZIP	<b>2410 Parsons Pond Circle Kissimmee, FL 34744</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	<b>Maribel Quinones</b>
5.4 CITY-ST-ZIP	<b>2491 Parsons Pond Circle Kissimmee, FL 34744</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Barbara Beczak* **3-11-98** **407-843-4600**

CR2E037 (10/97)