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FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

**2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779**

**2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779**



3. Date Incorporated or Qualified

04/16/1993

4. FEI Number

59-3184297

Applied For

Not Applicable

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 Country

25 Country

29 Country

30 Country

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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 **BEZAK, BARBARA**
STREET ADDRESS **2419 PARSONS POND CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

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

1.2 NAME ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE

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

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **TD** ☒ DELETE

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

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ DELETE

NAME **TIZOL, NORO O**
STREET ADDRESS **2469 PARSONS POND CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL**

2.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME ☐ Change ☒ Addition

4.3 STREET ADDRESS ☐ Change ☒ Addition

4.4 CITY-ST-ZIP ☐ Change ☒ Addition

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME ☐ Change ☒ Addition

5.3 STREET ADDRESS ☐ Change ☒ Addition

5.4 CITY-ST-ZIP ☐ Change ☒ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 Bezak

3-11-98

407-843-4600

CR2E037 (10/97)