

FILE NOW: FILING FEE IS \$61.25

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

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BECZAK, BARBARA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2419 PARSONS POND CIRCLE	1.2 NAME	
STREET ADDRESS	KISSIMMEE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD MCGLINCHEY, THOMAS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2414 WEYMOUTH COURT	2.2 NAME	
STREET ADDRESS	KISSIMMEE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD QUINONES, SARAH	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2508 HADLEIGH COURT	3.2 NAME	
STREET ADDRESS	KISSIMMEE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD LORENZO, NORMAN E	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2413 WEYMOUTH COURT	4.2 NAME	
STREET ADDRESS	KISSIMMEE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D TIZOL, NORO O	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2469 PARSONS POND CIRCLE	5.2 NAME	
STREET ADDRESS	KISSIMMEE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

STD Rosa Lopez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2410 Parsons Pond Circle	
Kissimmee, FL 34744	
D Maribel Quinones	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2491 Parsons Pond Circle	
Kissimmee, FL 34744	

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)