2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005719

FILED Apr 08, 2007 Secretary of State

Entity Name: PARKER PLACE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

9506 PARKER PLACE DRIVE 9534 PARKER PLACE DRIVE NAVARRE, FL 32566 NAVARRE, FL 32566

Current Mailing Address: New Mailing Address:

9506 PARKER PLACE DRIVE P.O. BOX 6276

NAVARRE, FL 32566 NAVARRE, FL 32566 US US

FEI Number: 59-3443745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BORDELON & SCHULTZ LAW FIRM, P.L. 2721 GULF BREEZE PARKWAY GULF BREEZE, FL 32563

OFFICERS AND DIRECTORS:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

CAFFERY, JOHN YOURKAVITCH, MIKE Name: Name: 9506 PARKER PLACE DRIVE Address: 9534 PARKER PLACE DRIVE Address: City-St-Zip: NAVARRE, FL 32566 US City-St-Zip: NAVARRE, FL 32566 US

Title: VD () Delete Title: VD (X) Change () Addition

GOSS, WALTER Name: CRUMP, PATTI Name:

Address: 9502 PARKER PLACE DRIVE Address: 9539PARKER PLACE DRIVE City-St-Zip: NAVARRE, FL 32566 US City-St-Zip: NAVARRE, FL 32566 US

Title: STD () Delete Title: STD (X) Change () Addition

SANDERS, AMY Name: KLEINER, SAM Name:

9567 PARKER PLACE DRIVE 9495 PARKER PLACE DRIVE Address: Address: City-St-Zip: NAVARRE, FL 32566 US City-St-Zip: NAVARRE, FL 32566 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE YOURKAVITCH PD 04/08/2007