

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005719

FILED
Jun 10, 2009
Secretary of State

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

Current Principal Place of Business:

9534 PARKER PLACE DRIVE
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6276
NAVARRE, FL 32566 US

New Mailing Address:

P.O. BOX 73
NICEVILLE, FL 32588 US

FEI Number: 59-3443745 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAFFERY, JOHN E
9506 PARKER PLACE DRIVE
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

PANHANDLE MANAGEMENT, LLC
4272 CALINDA LANE
NICEVILLE, FL 32578 US

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: CARMEN SOUDERS

06/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YOURKAVITCH, MIKE
Address: 9534 PARKER PLACE DRIVE
City-St-Zip: NAVARRE, FL 32566 US

Title: STD () Delete
Name: CRUMP, PATTI
Address: 9539 PARKER PLACE DRIVE
City-St-Zip: NAVARRE, FL 32566 US

Title: VP (X) Delete
Name: CAFFERY, JOHN E
Address: 9506 PARKER PLACE DRIVE
City-St-Zip: NAVARRE, FL 32566 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CARMEN SOUDERS

MGR

06/10/2009

Electronic Signature of Signing Officer or Director

Date