


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90078 010 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N98000001531</b>                                |  |
| 1. Entity Name<br><b>CARDINAL PARK RESIDENTS' CORPORATION</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>JANET WALSH<br/>39 SAUNDERS AVE<br/>LARGO, FL 33773 US</b> | Mailing Address<br><b>JANET WALSH<br/>39 SAUNDERS AVE<br/>LARGO, FL 33773 US</b> |
|--|--|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |



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|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>59-2750103</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                 |  |  |
| 6. Name and Address of Current Registered Agent<br><b>WALSH, JANET<br/>39 SAUNDERS AVE.<br/>LARGO, FL 33773</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Janet Walsh* (NOTE: Registered Agent signature required when reinstating) DATE March 8, 2007

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>SCOTT, LOUISE<br/>25 SAUNDERS AVE<br/>LARGO, FL 33773</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D.<br/>DAVID Stimpson<br/>9 Saunders Ave<br/>Largo, FL 33713</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D.<br/>ADAMS, DONALD<br/>50 SAUNDERS AVE<br/>LARGO, FL 33773</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D.<br/>Roger Sherman<br/>42 Saunders Ave<br/>Largo, FL 33773</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ROBBINS, DONALD<br/>49 SAUNDERS AVE<br/>LARGO, FL 33773</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>BEAR, PATRICIA<br/>15 FOREST LN<br/>LARGO, FL 33773</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>DUBUC, YVONNE<br/>33 TIFFIN WAY<br/>LARGO, FL 33773</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PT<br/>WALSH, JANET<br/>39 SAUNDERS AVENUE<br/>LARGO, FL 33773</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet Walsh* DATE March 8, 2007 DAYTIME PHONE # 727-399-7436