


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000002276</b> 1. Entity Name <b>PARKFIELD ESTATES HOMEOWNERS ASSOCIATION, INC.</b>	
---	---

Principal Place of Business 6665-52ND WAY PINELLAS PARK, FL 33781-5798	Mailing Address 6665-52ND WAY PINELLAS PARK, FL 33781-5798
--	--

DO NOT WRITE IN THIS SPACE



04092006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3548312</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.**  
**2401 WEST BAY DRIVE**  
**#414**  
**LARGO, FL 33770-1941**

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEWART, ROBERT D 6602- 52ND LN PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GALLION, LORENA M 6605- 52ND LN PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SANDMEYER, SANDRA L 6665-52ND WAY PINELLAS PARK, FL 337815798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000505340  
04/26/06-80112-005 61.25

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 Sandra L Sandmeyer 4/9/06 59-3548312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #