


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000002276 1. Entity Name PARKFIELD ESTATES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 6665-52ND WAY PINELLAS PARK, FL 33781-5798	Mailing Address 6665-52ND WAY PINELLAS PARK, FL 33781-5798
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02072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

8. 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

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000824990 02/20/08-80102-009 61.25
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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 6805- 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**

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  SANDMEYER, SANDRA L. 2/7/08 433-2667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #