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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003689

1. Corporation Name

PARKSTONE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~151 SOUTH HALL LANE, STE 230
MAITLAND FL 32751-7190~~

~~151 SOUTH HALL LANE, STE 230
MAITLAND FL 32751-7190~~



2. Principal Place of Business

2a. Mailing Address

21 1416 Concord St. East

26 PO Box 531010

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando FL

28 Orlando FL

24 Zip

Country

29 Zip

Country

32803

25

US

32853

29

1010

30

US

3. Date Incorporated or Qualified

06/22/1998

4. FEI Number

PENDING

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CENTEX REAL ESTATE CORPORATION
151 SOUTH HALL LANE, STE 230
MAITLAND FL 32751-7190~~

81 Name

The Melrose Mgmt. Group

82 Street Address (P.O. Box Number is Not Acceptable)

83 1416 Concord St. East

84 City

Orlando

FL

85 Zip Code

32803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, Print or Print Name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

J. B. HANSON 3/19/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE

NAME KNOX, DOUG

STREET ADDRESS 151 SOUTH HALL LANE, STE 230

CITY-ST-ZIP MAITLAND FL 32751-7190

TITLE STD ☒ DELETE

NAME LAMIRANDE, SCOTT

STREET ADDRESS 151 SOUTH HALL LANE, STE 230

CITY-ST-ZIP MAITLAND FL 32751-7190

TITLE PD ☐ DELETE

NAME KAISER, DAN

STREET ADDRESS 151 SOUTH HALL LANE, STE 230

CITY-ST-ZIP MAITLAND FL 32751-7190

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Doug Knox

385 Douglas Ave. St. 2000

Altamonte Sprgs. FL 32714

Scott Lamirande

Same as above

Dan Kaiser

385 Douglas Ave St 200

Altamonte Sprgs, FL 32714

Greg Lepera

Same as above

Mike Kane

Same as above

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99 839-0086
Date Daytime Phone #

CR2E037 (1/98)