

2000 UNIFORM BUSINESS REPORT (UBR)

5/12/00-90057-006-\$61.25-\$61.25

DOCUMENT # N98000003689

1. Entity Name

PARKSTONE COMMUNITY ASSOCIATION, INC.

FILED

00 MAY 25 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~385 DOUGLAS AVENUE~~
~~SUITE 2000~~
~~ALTAMONTE SPRINGS FL 32714~~
US

~~P.O. BOX 531010~~
~~ORLANDO FL 32803-1010~~
US

2. Principal Place of Business

3. Mailing Address

1416 Concord St. East

PO Box 531010

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

Orlando FL

4. FEI Number

59-3578903
APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GENTEX REAL ESTATE CORPORATION~~
~~385 DOUGLAS AVENUE~~
~~SUITE 2000~~
~~ALTAMONTE SPRINGS FL 32714~~

The Melrose Corporation

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

1416 Concord St. East

Orlando

FL

32803

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.

SIGNATURE

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

Jack B. Hanson

(NOTE: Registered Agent signature required when reinstating)

4.28.00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD ☒ Delete
NAME KAISER, DAN
STREET ADDRESS 385 DOUGLAS AVENUE, STE. 2000
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE Phil Miles ☒ Change ☐ Addition
NAME Phil Miles
STREET ADDRESS 385 Douglas Ave., Suite 2000
CITY-ST-ZIP Altamonte Springs FL 32714

TITLE PD ☒ Delete
NAME LEFERA, GREG
STREET ADDRESS 385 DOUGLAS AVENUE, STE. 2000
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE James Makransky ☒ Change ☐ Addition
NAME James Makransky
STREET ADDRESS Same as above
CITY-ST-ZIP Same as above

TITLE VD ☒ Delete
NAME KANE, MIKE
STREET ADDRESS 385 DOUGLAS AVENUE, SUITE 2000
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE Kirsten Stapleton ☒ Change ☐ Addition
NAME Kirsten Stapleton
STREET ADDRESS Same as above
CITY-ST-ZIP Same as above

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #