

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90033 007 ****61.25

DOCUMENT # N98000003689 1. Entity Name PARKSTONE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 1600 W. COLONIAL DR. ORLANDO, FL 32804 US			Mailing Address P.O. BOX 531010 ORLANDO, FL 32853-1010 US		
2. Principal Place of Business 165 W. SR 434 Suite, Apt. #, etc.			3. Mailing Address P O Box 915322 Suite, Apt. #, etc.		
City & State Winter Springs FL		City & State Longwood FL		4. FEI Number 59-3578903	
Zip 32708		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL ASSOCIATION MANAGEMENT CO. 165 W. STATE ROAD 434 WINTER SPRINGS, FL 32708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Marc A. Blum - Pres. <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 2/2/2005 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DVP	<input checked="" type="checkbox"/> Delete	TITLE	P MAI, JOHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEELER, LAWRENCE		NAME	1243 Stone Harbour Rd	
STREET ADDRESS	385 DOUGLAS AVENUE, STE. 2000		STREET ADDRESS	Winter Springs FL 32708	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAKRANSKY, JAMES		NAME	SMITH, LISA	
STREET ADDRESS	385 DOUGLAS AVENUE, STE. 2000		STREET ADDRESS	120 Windsor Crescent St.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEY, SHAWN		NAME	WENTZ, JAMES	
STREET ADDRESS	385 DOUGLAS AVENUE, STE. 2000		STREET ADDRESS	105 WINDSOR Crescent St	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	HALL, LINDSEY	
STREET ADDRESS			STREET ADDRESS	290 TAVESTOCK LOOP	
CITY-ST-ZIP			CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BROWN, CHRIS	
STREET ADDRESS			STREET ADDRESS	226 TAVESTOCK LOOP	
CITY-ST-ZIP			CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SMITH, NEAL	
STREET ADDRESS			STREET ADDRESS	292 TAVESTOCK LOOP	
CITY-ST-ZIP			CITY-ST-ZIP	WINTER SPRINGS FL 32708	
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 empowered.					
SIGNATURE: Marc A Blum Manager 2/2/2005 407-327 5824 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

2005 Not-For-Profit Annual Report
Parkstone Community Association, Inc.

Doc# N98000003689

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7. D
Hawkins, Russell Addition [X]
740 Seneca Meadows Road
Winter Springs, Florida 32708