

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N98000003689

1. Entity Name
PARKSTONE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
165 W SR 434
WINTER SPRINGS, FL 32708 32

Mailing Address
POB 19703
LONGWOOD, FL 32791 US

2. Principal Place of Business

LELAND MANAGEMENT, INC.
Suite, Apt. #, etc.
8009 South ORANGE AVE

3. Mailing Address

SAME

City & State
Orlando, Florida

City & State

Zip
32809

Country

Zip

Country

08082006

Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3578903

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EPM SRVS
165 W STATE RD 434
WINTER SPRINGS, FL 32708

(DELETE)

7. Name and Address of New Registered Agent

Name **William REISCHMANN, JR ESQUIRE**
Street Address (P.O. Box Number is Not Acceptable)
225 EAST ROBINSON STREET SUITE 660
City **Orlando** FL Zip Code **32802-2873**

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/11/06

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERSON, RON 1235 STONE HARBOUR RD WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENT, GREGORY 1231 STONE HARBOUR RD WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEASLEY, RODNEY 1241 STONE HARBOUR RD WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CAL 430 SANDRINGHAM CT WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CHRIS 752 TAVESTOCK LOOP WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, NEAL 292 TAVESTOCK LOOP WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	500078884025 08/18/06--01044--001 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIC PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Rodney Beasley **TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/08/06

Date

(407)

324-4171 X15

Daytime Phone #

RODNEY BEASLEY