

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002066

FILED
Jul 18, 2007
Secretary of State

Entity Name: PARKWEST ESTATES OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

5608 NW 43RD STREET
GAINESVILLE, FL 32653

New Principal Place of Business:

52 NW 166TH TERRACE
NEWBERRY, FL 32669

Current Mailing Address:

5608 NW 43RD STREET
GAINESVILLE, FL 32653

New Mailing Address:

52 NW 166TH TERRACE
NEWBERRY, FL 32669

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARPENTER, RONALD A
5608 NW 43RD STREET
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

HOWARD, BARBARA A
52 NW 166TH TERRACE
NEWBERRY, FL 32669 US

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: BARBARA A. HOWARD

07/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: CARPENTER, RONALD A
Address: 5608 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: T () Delete
Name: CARPENTER, RONALD A
Address: 5608 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change () Addition
Name: HOWARD, BARBARA A
Address: 52 NW 166TH TERRACE
City-St-Zip: NEWBERRY, FL 32669

Title: T (X) Change () Addition
Name: HOWARD, BARBARA A
Address: 52 NW 166TH TERRACE
City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA HOWARD

PRES

07/18/2007

Electronic Signature of Signing Officer or Director

Date