

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N14175 (6)**

1. Corporation Name

PARKWOOD HOMEOWNER'S ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1950 BLUEWATER BLVD. P. O. BOX 247 NICEVILLE FL 32588-6981	1950 BLUEWATER BLVD. P. O. BOX 247 NICEVILLE FL 32588-6901

3. Date Incorporated or Qualified 04/03/1986	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2673307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 1950 Bluewater Blvd.	26. 1950 Bluewater Blvd.
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Niceville, FL	28. City & State Niceville, FL
24. Zip 32578	25. Country Okaloosa
29. Zip 32578	30. Country Okaloosa

9. Name and Address of Current Registered Agent

SOLARZ, WALTER
233 PARKWOOD CIR.
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0905, Florida Statutes.

SIGNATURE *Walter Solarz*
Signature, typed or printed name of registered agent and title if applicable. If the Registered Agent signature required when registering, DATE

12. OFFICERS AND DIRECTORS

TITLE	XX
NAME	RODRES, RONNIE
STREET ADDRESS	206 PARKWOOD CIRCLE
CITY - ST - ZIP	NICEVILLE FL
TITLE	VD
NAME	STAGNER, HOWARD
STREET ADDRESS	202 PARKWOOD CIRCLE
CITY - ST - ZIP	NICEVILLE FL
TITLE	SD
NAME	WELCH, DEN
STREET ADDRESS	240 PARKWOOD CIRCLE
CITY - ST - ZIP	NICEVILLE FL
TITLE	TD
NAME	RAINEY, BILL
STREET ADDRESS	107 PARKWOOD CIR
CITY - ST - ZIP	NICEVILLE FL
TITLE	XX
NAME	ZYAN, JERRY
STREET ADDRESS	402 WOOD RD EX 578 1000
CITY - ST - ZIP	NICEVILLE FL
TITLE	PD
NAME	SOLARZ, WALTER
STREET ADDRESS	233 PARKWOOD CIRCLE
CITY - ST - ZIP	NICEVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, upon an attachment with an address.

SIGNATURE: *Walter Solarz*
SIGNATURE AND TYPED OR PRINTED NAME OF BEHINDING OFFICER OR DIRECTOR