

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90077 027 ****61.25

DOCUMENT # N14175

1. Entity Name

PARKWOOD HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

1950 BLUEWATER BLVD
 NICEVILLE FL 32578
 US

Mailing Address

1950 BLUEWATER BLVD
 NICEVILLE FL 32578
 US

05-15-2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2673307

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

SCHNEIDER, JOY
122 PARKWOOD CIR.
NICEVILLE FL 32578

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, JOY	
STREET ADDRESS	122 PARKWOOD DR.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, JO	
STREET ADDRESS	258 PARKWOOD CIRCLE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOESTLER, JANE	
STREET ADDRESS	127 PARKWOOD DR.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KIRWIN, JOHN	
STREET ADDRESS	129 PARKWOOD DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JO KIRWIN	
STREET ADDRESS	258 PARKWOOD CIR	
CITY-ST-ZIP	NICEVILLE, FL. 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYLE PATTERSON	
STREET ADDRESS	150 PARKWOOD DR.	
CITY-ST-ZIP	NICEVILLE, FL. 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: - **SIGNATURE REQUIRED**

4-30-01

CR2E037 (10/00)