

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90104 010 \*\*\*\*61.25

**DOCUMENT # N14175**

1. Entity Name  
**PARKWOOD HOMEOWNER'S ASSOCIATION, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>1950 BLUEWATER BLVD<br>NICEVILLE FL 32578<br>US | Mailing Address<br>1950 BLUEWATER BLVD<br>NICEVILLE FL 32578<br>US |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>4400 HWY. 20 E.<br>Suite, Apt. #, etc.<br>SUITE 313 | 3. Mailing Address<br>P.O. BOX 5263<br>Suite, Apt. #, etc. |
|---|--|

|                               |                               |                             |   |   |
|-------------------------------|-------------------------------|-----------------------------|---|---|
| City & State<br>NICEVILLE, FL | City & State<br>NICEVILLE, FL | 4. FEI Number<br>59-2673307 | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
|-------------------------------|-------------------------------|-----------------------------|---|---|

|              |                |              |                |   |                                       |
|--------------|----------------|--------------|----------------|---|---------------------------------------|
| Zip<br>32578 | Country<br>USA | Zip<br>32578 | Country<br>USA | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--------------|----------------|--------------|----------------|---|---------------------------------------|

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br>SCHNEIDER, JOY<br>122 PARKWOOD CIR.<br>NICEVILLE FL 32578 |  | 7. Name and Address of New Registered Agent<br>Name<br>Gayle Patterson<br>Street Address (P.O. Box Number is Not Acceptable)<br>150 Parkwood Drive<br>City<br>Niceville, FL<br>Zip Code<br>32578 |  |
|--|--|--|--|

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 Gayle G. Patterson Gayle G. Patterson 4/29/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                 |  |                                    |  |
|---------------------------------|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|---------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SCHNEIDER, JOY<br>122 PARKWOOD DR.<br>NICEVILLE FL 32578 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Sherry poe<br>55 Bay Drive #4103<br>Niceville, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>KIRWIN, JO<br>258 PARKWOOD CIRCLE<br>NICEVILLE FL 32578 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>William Hall<br>145 Parkwood Circle<br>niceville, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BOESTLER, JANE<br>127 PARKWOOD DR.<br>NICEVILLE FL 32578 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>Jane Broestler<br>127 Parkwood Drive<br>Niceville, FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>PATTERSON, GAYLE<br>150 PARKWOOD DR.<br>NICEVILLE FL 32578 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 another like empowered.

SIGNATURE: Gayle G. Patterson **REQUIRED** 4/29/02 850-997-9781  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)