

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14175

FILED
Apr 27, 2005
Secretary of State

Entity Name: PARKWOOD HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4400 HWY 20 E
SUITE 313
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 5263
NICEVILLE, FL 32578 US

New Mailing Address:

P.O BOX 5036
NICEVILLE, FL 32578 US

FEI Number: 59-2673307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, GAYLE
150 PARKWOOD DRIVE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANGAN, DIANNE
Address: 125 PARKWOOD DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: HALL, WILLIAM
Address: 145 PARKWOOD CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: PD () Delete
Name: BORESTLER, JANE
Address: 127 PARKWOOD DR.
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: PATTERSON, GAYLE
Address: 150 PARKWOOD DR.
City-St-Zip: NICEVILLE, FL 32578

Title: SD (X) Delete
Name: SCHULTZE, LAURA
Address: 141 PARKWOOD DIRVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDD (X) Change () Addition
Name: SCHULTZE, LAURA
Address: 141 PARKWOOD DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: VD (X) Change () Addition
Name: HENNEMANN, GABRIEL
Address: 145 PARKWOOD CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Change () Addition
Name: BLOME, PETER
Address: 204 PARKWOOD CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: STD (X) Change () Addition
Name: PATTERSON, GAYLE
Address: 150 PARKWOOD DR.
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GAYLE PATTERSON

STD

04/27/2005

Electronic Signature of Signing Officer or Director

Date