

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2006
Secretary of State**

DOCUMENT# N14175

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 5036
NICEVILLE, FL 32578 US

New Mailing Address:

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: PDD () Delete
Name: SCHULTZE, LAURA
Address: 141 PARKWOOD DRIVE
City-St-Zip: NICEVILLE, FL 32578

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: LAURA SCHULTZE

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date