

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14175

FILED
Apr 24, 2008
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:

4400 HWY 20 E
SUITE 312
NICEVILLE, FL 32578 US

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:

BLOME, PETE
204 PARKWOOD CIRCLE
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: SD () Delete
Name: SCHULTZE, LAURA
Address: 141 PARKWOOD DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: PD () Delete
Name: BRIDGE, GLENN
Address: 1545 HICKORY STREET
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: BLOME, PETER
Address: 204 PARKWOOD CIRCLE
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:

I hereby certify that the information supplied with this filing does not qualify 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: PETE BLOME

TD

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date