

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14175

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: PARKWOOD HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 HWY 20 E  
SUITE 312  
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:**

BLOME, PETE  
204 PARKWOOD CIRCLE  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

SCHULTZE, LAURA  
141 PARKWOOD DRIVE CIRCLE  
NICEVILLE, FL 32578 US

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: LAURA SCHULTZE      04/29/2009  
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: TD (X) Change ( ) Addition  
Name: COOK, LYNDIA  
Address: 242 PARKWOOD CIRCLE  
City-St-Zip: NICEVILLE, FL 32578

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: LAURA SCHULTZE      SD      04/29/2009  
Electronic Signature of Signing Officer or Director      Date