

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 AM 8:41

DOCUMENT # **N14826** (4)

1. Corporation Name
PARKWOOD VILLAGE, INC.

Principal Place of Business Mailing Address
515 MAGNOLIA LANE WILDWOOD FL 34785 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/09/1986** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2828984** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BLOOM, ROBERT
517 LIVE OAK LANE
WILDWOOD FL 34785**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BLOOM, BOB
STREET ADDRESS	517 LIVE OAK LANE
CITY-ST-ZIP	WILDWOOD FL
TITLE	VD
NAME	CALISSI, LARRY
STREET ADDRESS	700 LIVE OAK LANE
CITY-ST-ZIP	WILDWOOD FL
TITLE	TD
NAME	WALKER, FLO
STREET ADDRESS	702 IRONWOOD LANE
CITY-ST-ZIP	WILDWOOD FL
TITLE	SD
NAME	BLOOM, BOB
STREET ADDRESS	517 LIVE OAK LANE
CITY-ST-ZIP	WILDWOOD FL
TITLE	D
NAME	MANNING, CLYDE
STREET ADDRESS	612 SOUTH DRIVE
CITY-ST-ZIP	WILDWOOD FL
TITLE	D
NAME	BAXTER, CHARLIE
STREET ADDRESS	LIVE OAK LANE
CITY-ST-ZIP	WILDWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	CARLA A. POSTISER
4.4 CITY-ST-ZIP	705 NORTH PA. WILDWOOD, FL. 34785
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE: Robert W Bloom 01-2495 748-7672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ROBERT W BLOOM