

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N14826 (4)**  
1. Corporation Name  
**PARKWOOD VILLAGE, INC.**



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

3. Date Incorporated or Qualified **05/09/1986** 3a. Date of Last Report **02/02/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2828984</b>		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
24	Zip	25	Country	29	Zip	30	Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BLOOM, ROBERT  
517 LIVE OAK LANE  
WILDWOOD FL 34785**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	<b>FL</b>
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOOM, BOB</b>	1.2 NAME	
STREET ADDRESS	<b>517 LIVE OAK LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILDWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALISSI, LARRY</b>	2.2 NAME	
STREET ADDRESS	<b>700 LIVE OAK LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILDWOOD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, FLO</b>	3.2 NAME	
STREET ADDRESS	<b>702 IRONWOOD LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILDWOOD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLA, ROSTISER</b>	4.2 NAME	<b>ROSTISER, CARL</b>
STREET ADDRESS	<b>705 NORTH DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILDWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANNING, CLYDE</b>	5.2 NAME	<b>D Watmore, George</b>
STREET ADDRESS	<b>612 SOUTH DRIVE</b>	5.3 STREET ADDRESS	<b>515 Live Oak Lane</b>
CITY-ST-ZIP	<b>WILDWOOD FL</b>	5.4 CITY-ST-ZIP	<b>Wildwood, Fl</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAXTER, CHARLIE</b>	6.2 NAME	
STREET ADDRESS	<b>LIVE OAK LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILDWOOD FL</b>	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 119.07(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: *Lorenna A. Walker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**L. A. Walker, Secretary**

03-04-96

748-4791

Date

Daytime Phone #

CR2E037 (12/95)