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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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: 515 MAGNOLIA LANE, WILDWOOD FL 34785, US
Mailing Address: 515 MAGNOLIA LANE, WILDWOOD FL 34785-9346, US

3. Date Incorporated or Qualified: 05/09/1986
3a. Date of Last Report: 03/11/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for current and new registered agents.
4. FEI Number: 59-2828984
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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: GLENN NELSEY
82 Street Address (P.O. Box Number is Not Acceptable): 703 LIVE OAK LANE
83 WILDWOOD FL 34785
84 City: WILDWOOD FL
85 Zip Code: 34785

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: GLENN NELSEY (NOTE: Registered Agent signature required when reinstating) DATE: 03-04-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BLOOM, BOB	
STREET ADDRESS	517 LIVE OAK LANE	
CITY - ST - ZIP	WILDWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CALISSI, LARRY	
STREET ADDRESS	700 LIVE OAK LANE	
CITY - ST - ZIP	WILDWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALKER, FLO	
STREET ADDRESS	702 IRONWOOD LANE	
CITY - ST - ZIP	WILDWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROTSISER, CARL	
STREET ADDRESS	705 NORTH DR	
CITY - ST - ZIP	WILDWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WATMORE, GEORGE	
STREET ADDRESS	515 LIVE OAK LANE	
CITY - ST - ZIP	WILDWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GLENN NELSEY	
1.3 STREET ADDRESS	703 LIVE OAK LANE	
1.4 CITY - ST - ZIP	WILDWOOD FL 34785	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HILDA BURNETT	
4.3 STREET ADDRESS	706 SOUTH DR.	
4.4 CITY - ST - ZIP	WILDWOOD FL 34785	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DONNA BOHN	
5.3 STREET ADDRESS	600 LIVE OAK LANE	
5.4 CITY - ST - ZIP	WILDWOOD FL 34785	
6.1 TITLE		<input checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Florence A. Walker, FLORENCE A. WALKER, 3-04-97 (352) 748-4791

CR2E037 (9/96)