FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # N14826**

PARKWOOD VILLAGE, INC.

	· · · -,							
Principal Place of Business Mailing Address								
515 MAGNOLI		515 MAGNOLIA LANE				1 100 110 110 110 110 110 110 110 110 1	AN DIRN BIRN AI	
WILDWOOD F	L 34785	WILDWOOD F	L 34785					
US . US							### ##################################	911 810 11 1991
2 Principal P	lace of Business	2a. Mailing Ad	Idress			Date Incorporated or Qualifed		7
21	age of Cusinoss	26				05/09/1986		İ
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			4. FEI Number	Ap	plied For
22		27				59-2828984	No	t Applicable
City & Stat	е	City & Sta	te			5. Certificate of Status Desired	\$8.75 A	
23		28				5. Certificate of Glatida Desired	Fee Re	quired
Zip	Country	Zip	_	Country	y	6. Election Campaign Financing	\$5.00	
24	25	29	3	:0		Trust Fund Contribution	Added to	o Fees
	9. Name and Address of Curre	ent Registered Ager	ıt .		T	10. Name and Address of New Registered	Agent	
	10 mm			81	Name			
	IELSEY			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
703 LIVE OAK LANE				83	<u>. </u>			
WILDWOOD FL 34785				03	'			
	n er si kai sa ta ne e e.			84	City		85 Zip C	ode
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, to					<u>]</u>	<u> </u>		
office or r	registered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such ch	ange was auti	horized by	the corpora	tion's board of directors. I hereby accept the appoin	ntment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered as	sent and title if applicable	(NOTE: R	lagistered Age	nt signatura requi	red when reinstating) DATE		
12.		ND DIRECTORS	(NOTE: N	13.	in agracia roqu	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PD		DELETE	1,1 TITLE			Change	☐ Addition
NAME	GLENN NELSEY	ELSEY		1.2 NAME			•	
STREET ADDRESS	703 LIVE OAK LANE			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	WILDWOOD FL		1.4 CITY-ST-ZIP					
TITLE	VD			2.1 TITLE	,, <u>, , , , , , , , , , , , , , , , , ,</u>		Change	Addition
NAME	GATES, ALMA			2.2 NAME				
STREET ADDRESS	518 LIVE OAK LN				T ADDRESS			
CITY-ST-ZIP	WILDWOOD FL 34785			2. 4 CITY-	ST-ZIP			ļ
TITLE	TD	Ė	DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	NUGENT, MARION			3.2 NAME				ĺ
STREET ADDRESS	618 S DRIVE				T ADDRESS			
CITY-ST-ZIP	WILDWOOD FL 34785			3.4. CITY-	ST-ZIP			
TITLE	SD			4.1 TITLE			Change	☐ Addition
NAME	BOHN, DONNA			4. 2 NAME	:			
STREET ADDRESS	AAA . II.M. AAA. IAA			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	WILDWOOD FL 34785			4.4 CITY-5	ST-ZIP			
TITLE	D		DELETE	5.1 TITLE			Change	☐ Addition
NAME	CALISSI, LARRY			5.2 NAME		•		
STREET ADDRESS				5.3 STREE	T ADDRESS			

14. I 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, opon an attachment with an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

CITY-ST-ZIP

NAME (5)

STREET ADDRESS

WILDWOOD FL 34785

BAXTER, CHARLIE

707 LIVE OAK LN

WILDWOOD FL 34785

DEL TEN

☐ DELETE

Change

☐ Addition

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90015 004 ****70.00