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Jan 23, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # N14826

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, US



2. Principal Place of Business (21-24), 2a. Mailing Address (26-29), 3. Date Incorporated or Qualified (05/09/1986), 4. FEI Number (59-2828984), 5. Certificate of Status Desired (\$8.75 Additional Fee Required), 6. Election Campaign Financing (\$5.00 May Be Added to Fees)

9. Name and Address of Current Registered Agent (GLENN NELSEY, 703 LIVE OAK LANE, WILDWOOD FL 34785), 10. Name and Address of New Registered Agent (81-84)

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 (PD GLENN NELSEY, VD GATES, ALMA, TD NUGENT, MARION, SD BOHN, DONNA, D CAUSSI, LARRY, D BAXTER, CHARLIE), 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1.1-6.4)

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] REQUIRED 1-6-99 352-748-7376

CR2E037 (11/98)