


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90013 006 \*\*\*\*70.00

**DOCUMENT # N14826**  
 1. Entity Name  
**PARKWOOD VILLAGE, INC.**



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

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

MOORE CR2E037 (11/03)  
 4. FEI Number **59-2828984**  
 Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



**6. Name and Address of Current Registered Agent**  
**OWELLEN, NORMAN**  
**701 IRONWOOD LANE**  
**WILDWOOD FL 34785**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE Norman Owellen DATE March 21, 2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	OWELLEN, NORMAN	
STREET ADDRESS	701 IRONWOOD LANE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOPKO, DANIEL	
STREET ADDRESS	517 IRONWOOD LANE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAKER, DOROTHY	
STREET ADDRESS	609 NORTH DR	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	SC	<input type="checkbox"/> Delete
NAME	PORTES, JOANNE	
STREET ADDRESS	614 MAGNOLIA LANE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOPKO, PATRICIA	
STREET ADDRESS	605 IRON WOOD LANE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, CLINT	
STREET ADDRESS	617 MAGNOLIA LANE	
CITY-ST-ZIP	WILDWOOD FL 34785	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Galissi	
STREET ADDRESS	700 Live Oak Lane	
CITY-ST-ZIP	Wildwood FL 34785	
TITLE	SC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan Compo	
STREET ADDRESS	612 Ironwood Lane	
CITY-ST-ZIP	Wildwood FL 34785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norman Owellen Date 3/21/04 Daytime Phone # 352-330-4271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR