

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

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DOCUMENT # N14826					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2828984	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARHORST, CARL 708 IRONWOOD LANE WILDWOOD, FL 34785			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARHORST, CARL		NAME		
STREET ADDRESS	708 IRONWOOD ALNE		STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOPKO, DANIEL		NAME	SALERNO, AL	
STREET ADDRESS	517 IRONWOOD LANE		STREET ADDRESS	704 MAGNOLIA LANE	
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP	WILDWOOD, FLA. 34785	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALISSI, DONNA		NAME	600 LIVE OAK LANE	
STREET ADDRESS	700 LIVE OAK LANE		STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COMPO, JOAN		NAME	PRACHT, SHEILA	
STREET ADDRESS	612 IRONWOOD LANE		STREET ADDRESS	603 IRONWOOD LANE	
CITY-ST-ZIP	WILDWOOD, FL 34784		CITY-ST-ZIP	WILDWOOD, FLA. 34785	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOPKO, PATRICIA		NAME		
STREET ADDRESS	605 IRONWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change
NAME	PERRY, CLINT		NAME	WENTRICK, KAY	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	706 LIVE OAK LANE		STREET ADDRESS	613 NORTH DRIVE	
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP	WILDWOOD, FL 34785	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 officers empowered.					
SIGNATURE <i>Carl Barhorst</i>		4-6-06 352-748-5423			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
CARL BARHORST					