

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90032 037 ****70.00

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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E037 (10/07)

4. FEI Number 59-2828984	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

**BARHORST, CARL
708 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 _____ DATE _____
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, 2008

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARHORST, CARL 708 IRONWOOD ALNE WILDWOOD FL 34785	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SALERNO, AL 704 MAGNOLIA LN WILDWOOD FL 34785	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CALISSI, DONNA 600 LIVE OAK LN WILDWOOD FL 34785	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARR, CAROL 611 IRONWOOD LANE WILDWOOD FL 34785	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOPKO, PATRICIA 605 IRON WOOD LANE WILDWOOD FL 34785	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERRY, CLINT 706 LIVE OAK LANE WILDWOOD FL 34785	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Poates, Joanne 515 Live Oak Lane Wildwood, FL 34785	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONGDON, JASIE 607 LIVE OAK LANE WILDWOOD, FL 34785	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: *CARL BARHORST* *2-18-08* *352/748-5423*