

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14826

FILED
Jan 31, 2009
Secretary of State

Entity Name: PARKWOOD VILLAGE, INC.

Current Principal Place of Business:

515 MAGNOLIA LANE
WILDWOOD, FL 34785 US

New Principal Place of Business:

Current Mailing Address:

515 MAGNOLIA LANE
WILDWOOD, FL 34785 US

New Mailing Address:

FEI Number: 59-2828984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARHORST, CARL
708 IRONWOOD LANE
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

SALERNO, ALFONSO
704 MAGNOLIA LANE
WILDWOOD, FL 34785 US

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.

SIGNATURE: ALFONSO SALERNO

01/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARHORST, CARL
Address: 708 IRONWOOD ALNE
City-St-Zip: WILDWOOD, FL 34785

Title: VD () Delete
Name: SALERNO, AL
Address: 704 MAGNOLIA LN
City-St-Zip: WILDWOOD, FL 34785

Title: TD () Delete
Name: CALISSI, DONNA
Address: 600 LIVE OAK LN
City-St-Zip: WILDWOOD, FL 34785

Title: SD () Delete
Name: JOANNE, POATES
Address: 515 LIVE OAK LANE
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: KOPKO, PATRICIA
Address: 605 IRON WOOD LANE
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: PERRY, CLINT
Address: 706 LIVE OAK LANE
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SALERNO, ALFONSO
Address: 704 MAGNOLIA LANE
City-St-Zip: WILDWOOD, FL 34785

Title: VD (X) Change () Addition
Name: LANDERS, MONA
Address: 612 NORTH DRIVE
City-St-Zip: WILDWOOD, FL 34785

Title: TD (X) Change () Addition
Name: BARHORST, JOANN
Address: 708 IRONWOOD LANE
City-St-Zip: WILDWOOD, FL 34785

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CONGDON, JOSIE
Address: 607 LIVE OAK LANE
City-St-Zip: WILDWOOD, FL 34785

Title: D (X) Change () Addition
Name: MESSENGER, DEAN
Address: 712 LIVE OAK LANE
City-St-Zip: WILDWOOD, FL 34785

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFONSO SALERNO

PD

01/31/2009

Electronic Signature of Signing Officer or Director

Date