

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90224 016 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2828984**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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
Signature, typed or printed name of registered agent and title if applicable.

Norman Owellen
(NOTE: Registered Agent signature required when reinstating)

2/10/03
DATE

FILE NOW: FEE IS \$61.25

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 checked="" type="checkbox"/> Delete
NAME	ALLEN, KENDOLL	
STREET ADDRESS	706 LIVE OAK LANE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NUGENT, MARION	
STREET ADDRESS	618 SOUTH DRIVE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	SC	<input type="checkbox"/> Delete
NAME	SERVISS, 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 checked="" type="checkbox"/> Delete
NAME	NELSEY, GLENN	
STREET ADDRESS	703 LIVE OAK LN	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Kopko	
STREET ADDRESS	517 Ironwood Lane	
CITY-ST-ZIP	Wildwood FL 34785	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Baker	
STREET ADDRESS	609 North Drive	
CITY-ST-ZIP	Wildwood FL 34785	
TITLE	SC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joanne Postes	
STREET ADDRESS	614 Magnolia Lane	
CITY-ST-ZIP	Wildwood FL 34785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clint Perry	
STREET ADDRESS	617 Magnolia Lane	
CITY-ST-ZIP	Wildwood FL 34785	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Norman Owellen 2/10/03 352-330-4271

CR2E037 (10/02)