

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90031 046 *****61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27305

1. Corporation Name

PARKWOOD ISLE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

10071 SW 16TH PLACE
DAVIE FL 33324
US

Mailing Address

10071 SW 16TH PLACE
DAVIE FL 33324
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

07/07/1988

4. FEI Number

65-0117307

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KAYE & ROGER, P.A.
6261 NW 6 WAY
SUITE 103
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HILLIKER, TOM
STREET ADDRESS 10111 S.W. 15TH PLACE
CITY-ST-ZIP DAVIE FL 33324
 DELETE

TITLE VD
NAME WHARTON, ED
STREET ADDRESS 10151 S.W. 15TH PLACE
CITY-ST-ZIP DAVIE FL 33324
 DELETE

TITLE TD
NAME WINNER, MARTIN
STREET ADDRESS 10110 S.W. 15TH PLACE
CITY-ST-ZIP DAVIE FL 33324
 DELETE

TITLE SD
NAME CULLEN, RODNEY
STREET ADDRESS 10201 S.W. 16TH PLACE
CITY-ST-ZIP DAVIE FL 33324
 DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or as an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine Harris
KATHERINE HARRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/1999 954-680-5773
Date Daytime Phone #

CR2E037 (1/198)