2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27305

FILED Feb 26, 2005 Secretary of State

Entity Name: PARKWOOD ISLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10071 SW 16TH PLACE DAVIE, FL 33324

Current Mailing Address: New Mailing Address:

10071 SW 16TH PLACE DAVIE, FL 33324

FEI Number: 65-0117307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COKER&FENER 1454 S. ANDREWS AVE

FORT LAUDERDALE, FL 33316 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

() Delete HILLIKER, TOM Name: 10111 S.W. 15TH PLACE Address:

City-St-Zip: DAVIE, FL 33324

Title: VD () Delete

WHITE, KEN Name: Address: 10141 SW 17TH COURT

City-St-Zip: **DAVIE, FL 33324**

Title: () Delete WINNER, MARTIN Name: 10110 S.W. 15TH PLACE Address:

City-St-Zip: **DAVIE. FL 33324**

Title: VD () Delete Name: ROBBINS, ADELE

10111 SW 17TH COURT Address: City-St-Zip: **DAVIE, FL 33324**

Title: () Delete

BENNINCASA, PHILIP Name: 10121 SW 15TH PL Address: City-St-Zip: **DAVIE, FL 33324**

Title: (X) Delete GWIAZDOWSKI, GEORGE Name:

Address: 10151 SW 17 CT **DAVIE, FL 33324** City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

WHITE, KEN Name:

Address: 10141 SW 17TH COURT City-St-Zip: **DAVIE. FL 33324**

Title: SD (X) Change () Addition

Name: JOLIE, IDANIA

Address: 10120 SW 15TH PLACE City-St-Zip: **DAVIE, FL 33324**

Title: (X) Change () Addition

RAPPA, LEONARD Name: 1530 SW 100TH TERRACE Address:

City-St-Zip: DAVIE, FL 33324

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: VD (X) Change () Addition

Name: WOLFE, ALISA 10091 SW 16TH PLACE Address: City-St-Zip: **DAVIE, FL 33324**

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: IDANIA JOLIE SD 02/26/2005