

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27305

FILED  
Apr 30, 2006  
Secretary of State

**Entity Name:** PARKWOOD ISLE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10071 SW 16TH PLACE  
DAVIE, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

10071 SW 16TH PLACE  
DAVIE, FL 33324 US

**New Mailing Address:**

**FEI Number:** 65-0117307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COKER&FENER  
1454 S. ANDREWS AVE  
FORT LAUDERDALE, FL 33316 US

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

IDANIA, JOLIE  
10120 SW 15 PL  
DAVIE, FL 33324 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: IDANIA JOLIE

04/30/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WHITE, KEN  
Address: 10141 SW 17TH COURT  
City-St-Zip: DAVIE, FL 33324

Title: SD ( ) Delete  
Name: JOLIE, IDANIA  
Address: 10120 SW 15TH PLACE  
City-St-Zip: DAVIE, FL 33324

Title: VD ( ) Delete  
Name: RAPPA, LEONARD  
Address: 1530 SW 100TH TERRACE  
City-St-Zip: DAVIE, FL 33324

Title: VD ( ) Delete  
Name: ROBBINS, ADELE  
Address: 10111 SW 17TH COURT  
City-St-Zip: DAVIE, FL 33324

Title: VD ( ) Delete  
Name: WOLFE, ALISA  
Address: 10091 SW 16TH PLACE  
City-St-Zip: DAVIE, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 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: IDANIA JOLIE

SD

04/30/2006

Electronic Signature of Signing Officer or Director

Date