

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36884

(7)

1. Corporation Name

**PARKWOOD ESTATES PROPERTY OWNERS ASSOCIATION, IN
C.**

Principal Place of Business

Mailing Address

1950 BLUEWATER BLVD.
P. O. BOX 247
NICEVILLE FL 32588-6981

1950 BLUEWATER BLVD.
P. O. BOX 247
NICEVILLE FL 32588-6981

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2988008

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 1950 Bluewater Blvd.

2a. Mailing Address

26 1950 Bluewater Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Niceville, FL

City & State

28 Niceville, FL

Zip

24 32578

Country

25 Okaloosa

Zip

29 32578

Country

30 Okaloosa

9. Name and Address of Current Registered Agent

RUMLEY, CHARLES A.
1633 PARKSIDE CIRCLE
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name

Daryl Garton

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

83

4527 Parkside Lane

84 City

Niceville

FL

85 Zip Code

32578

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE

Daryl W. Garton

Signature, typed or printed name of registered agent and the 4 applicable

(NOTE: Registered Agent signature required when re-stating)

4/25/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUMLEY, CHARLES A.
STREET ADDRESS	1633 PARKSIDE CIRCLE
CITY - ST - ZIP	NICEVILLE FL
TITLE	SD
NAME	FLOYD, JEAN
STREET ADDRESS	1717 LILABERRY LANE
CITY - ST - ZIP	NICEVILLE FL
TITLE	VD
NAME	SPRINGER, GERRY
STREET ADDRESS	4534 NANCY WARD LN.
CITY - ST - ZIP	NICEVILLE FL
TITLE	TD
NAME	GARTON, DARYL
STREET ADDRESS	4527 PARKSIDE LANE
CITY - ST - ZIP	NICEVILLE FL
TITLE	D
NAME	SULLIVAN, CAROLINE
STREET ADDRESS	1662 KNOLLWOOD WAY
CITY - ST - ZIP	NICEVILLE FL
TITLE	D
NAME	KOHUT, JOHN
STREET ADDRESS	1771 OSPREY COVE
CITY - ST - ZIP	NICEVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	Daryl Garton	
13 STREET ADDRESS	4527 Parkside Lane	
14 CITY - ST - ZIP	Niceville, FL 32578	
21 TITLE	VD	☒ Change ☐ Addition
22 NAME	Larry Jacox	
23 STREET ADDRESS	4540 Nancy Ward Lane	
24 CITY - ST - ZIP	Niceville, FL 32578	
31 TITLE	SD	☒ Change ☐ Addition
32 NAME	Donna Hoyt	
33 STREET ADDRESS	4553 Knollwood Lane	
34 CITY - ST - ZIP	Niceville, FL 32578	
41 TITLE	TD	☒ Change ☐ Addition
42 NAME	John Kohut	
43 STREET ADDRESS	1771 Osprey Cove	
44 CITY - ST - ZIP	Niceville, FL 32578	
51 TITLE	Bill Schuch	☒ Change ☐ Addition
52 NAME	1662 Parkside Circle	
53 STREET ADDRESS	Niceville, FL 32578	
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

Daryl W. Garton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

DATE

KEYWORD #