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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N36884** **(7)**

1. Corporation Name

PARKWOOD ESTATES PROPERTY OWNERS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
1950 BLUEWATER BLVD. NICEVILLE FL 32578 US	1950 BLUEWATER BLVD. NICEVILLE FL 32578-3879 US

3. Date Incorporated or Qualified: 03/02/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARTON, DARYL
4527 PARKSIDE LANE
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name: Paula Franco
82 Street Address (P.O. Box Number is Not Acceptable): 1746 Osprey Cove
83:
84 City: Niceville, FL 85 Zip Code: 32578

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 _____ 4-21-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	XX DELETE	1.1 TITLE	PD	☐ Change XX Addition
NAME	GARTON, DARYL		1.2 NAME	Franco, Paula	
STREET ADDRESS	4527 PARKSIDE LANE		1.3 STREET ADDRESS	1746 Osprey Cove	
CITY-ST-ZIP	NICEVILLE FL		1.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	D	☐ DELETE	2.1 TITLE	VD	XX Change ☐ Addition
NAME	JACOX, LARRY		2.2 NAME	Jacox, Larry	
STREET ADDRESS	4540 NANCY WARD LANE		2.3 STREET ADDRESS	4540 Nancy Ward Lane	
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, LINDA		3.2 NAME		
STREET ADDRESS	1703 CRESTONE COVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		3.4 CITY-ST-ZIP		
TITLE	D	XX DELETE	4.1 TITLE	TD	☐ Change XX Addition
NAME	SCHUCH		4.2 NAME	Farris, Ron	
STREET ADDRESS	1662 PARKSIDE CIRCLE		4.3 STREET ADDRESS	1635 Parkside Circle	
CITY-ST-ZIP	NICEVILLE FL		4.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	TD	☐ DELETE	5.1 TITLE	D	XX Change ☐ Addition
NAME	WYZGOWSKI, TOM		5.2 NAME	Wyzgowski, Tom	
STREET ADDRESS	1006A HWY 98 #122		5.3 STREET ADDRESS	1006A Highway 98 #122	
CITY-ST-ZIP	DESTIN FL		5.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	VP	XX DELETE	6.1 TITLE	D	☐ Change XX Addition
NAME	SCHALLER, DICK		6.2 NAME	Wilkes, Jimmy L.	
STREET ADDRESS	1732 OAPREY COVE		6.3 STREET ADDRESS	1743 Bolton Village Lane	
CITY-ST-ZIP	NICEVILLE FL		6.4 CITY-ST-ZIP	Niceville, FL 32578	

CR2E037 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE: _____ REQUIRED 4-21-97 (904) 897-0648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #