1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36884

1. Corporation Name

PARKWOOD ESTATES PROPERTY OWNERS ASSOCIATION, IN C

Principal Place of Business 1950 BLUEWATER BLVD. NICEVILLE FL 32578 US

2. Principal Place of Business

21

Mailing Address

1950 BLUEWATER BLVD. NICEVILLE FL 32578

2a. Mailing Address

HS

26

FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90246 005 ****61.25



3. Date Incorporated or Qualifed

03/02/1990

Suite, Apt.	t. #, etc. Suite, Apt. #, etc.			4. FEI Number				plied For	
22	27					59-2988008	No	t Applicable	
City & State	& State City & State				5.	Certificate of Status Desired	\$8.75 / Fee Re		
23 Zip			Country	Country		Election Campaign Financing	\$5.00	Mary Da	
		25 29 30		,		Trust Fund Contribution	Added t		
24	9. Name and Address of Current	<u> </u>	'J		10.	Name and Address of New Registe			
	5. Name and Address of Current	Kedisteled Agent	81	81 Name					
				Frank Halbert					
FRANCO, PAULA				82 Street Address (P.O. Box Number is Not Acceptable)					
1746 OSPREY COVE				1739 Bolton Village Lane					
NICEVILLE	63								
	84	84 City 85				Code			
				Nícevil	<u>le</u>		-L 325		
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. Systic change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and a pept the obligations of, Segion 617.0503, Florida Statutes.									
SIGNATURE	Full		lalbe			dent 4/27/9	<i>39</i>		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent	t signature required	when r	reinstating) DAT			
12.	OFFICERS AND		13.	1 5 /		ADDITIONS/CHANGES TO OFFICERS			
TITLE	V	*X*DELETE	1.1 TITLE	P/			Change	2∑tAddition	
NAME	FRANCO, PAULA		1.2 NAME	Fr	an.	k Halbert		[
STREET ADDRESS	1746 OSPREY COVE		1.3 STREET	ADDRESS 17	39	Bolton Village Lane			
CITY-ST-ZIP	NICEVILLE FL		1.4 CITY-ST	-zip Ni	<u>.ce</u>	ville, FL 32578			
TITLE	D	₹ DELETE	2.1 T/TLE	VP	'/D	•	☐ Change	> Addition	
NAME	JACOX, LARRY		2.2 NAME	Ga	ry	Johnson			
STREET ADDRESS	4540 NANCY WARD LANE		2.3 STREET	ADDRESS 45	61	Castlewood Lane			
CITY-ST-ZIP	NICEVILLE FL		2. 4 CITY-S	r-zıp Ni	.ce	ville, FL 32578			
TITLE	ST	☐ DELETE	3.1 TITLE	s/	D		Change	Addition	
NAME	WATSON, LINDA		3.2 NAME	Li	nda	a Watson			
STREET ADDRESS	1703 CRESTONE COVE		3.3 STREET	ADDRESS 17	03	Crestone			
CITY-ST-ZIP	NICEVILLE FL		3.4. CITY-ST	T-ZIP N-i	cer	ville, FL 32578			
TITLE	P	¥∑ DELETE	4.1 TITLE	T/			☐ Change	XX Addition	
NAME	FARRIS, RON		4. 2 NAME			Hufstedler			
STREET ADDRESS	1635 PARKSIDE CIRCLE		4.3 STREET	ADDRESS 17	06	Dellmont Cove			
CITY-ST-ZIP	NICEVILLE FL		4.4 CITY-ST			ville, <u>FL 32578</u>			
TITLE	D	xx DELETE	5.1 TITLE	D		· 1110, 28 083. 0	Change	[⊋] Addition	
NAME :	WYZGOWSKI, TOM		5.2 NAME		m l	Dillard			
STREET ADDRESS	1006A HWY 98 #122		5.3 STREET	ADDRESS 17	05	Dellmont Cove		ĺ	
	NICEVILLE FL		5.4 CITY-ST	zie Ni	cer	ville, FL 32578		Ì	
CITY-ST-ZIP TITLE	D NIOEAITTE LT	⇔ 0ELETE	6.1 TITLE	D		· ,	☐ Change	XX Addition	
NAME	PETTIBONE, BRUCE	AX	6.2 NAME		her	rt Menard			
ì			6.3 STREET	1					
STREET ADDRESS	4575 CASTLEWOOD LN		6.4 CITY-ST	4.7		Castlewood Lane			
City-St-ZiP	NICEVILLE FL 32578 pertify that the information supplied with	this filing does not qualify for the			cev ection	ville, FL 32578 n 119.07(3)(i), Florida Statutes, I furthe	certify that the i	nformation	

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 required 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 attactment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850 - 897 - 36)

1-36/3 " X 1/2/o

K2E03/ (11/98)

238087-908UC-5

PARKWOOD ESTATES PROPERTY OWNERS ASSOCIATION, INC.

ADDITION/CHANGES TO OFFICERS/DIRECTORS

Addition/Change

Х

D Dick Hoover 1652 Parkside Circle Niceville, FL 32578