2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90934 037 ****61.25

0019569

DOCUMENT # N36884

1. Entity Name

PARKWOOD ESTATES PROPERTY OWNERS ASSOCIATION, IN

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4400 Highway 20 E	Po Box 5263
Suite, Apt. #, etc.: Suite 313	Suite, Apt. #, etc.
City & State: Niceville FL	City & State: Niceville FL
Zip: 32578 Country: USA	Zip: 32578 Country: USA

4. FEI Number 59-2988008 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALBERT, FRANK 1739 BOLTON VILLAGE NICEVILLE FL 32578	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 Frank Halbert 4-26-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HALBERT, FRANK 1739 BOLTON VILLAGE LANE NICEVILLE FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JOHNSON, GARY 4561 CASTLEWOOD LANE NICEVILLE FL 32578	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Tim Stapleton 1681 Parkside Cir Niceville FL 32578 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HUFSTEDLER, JON 1706 DELLMONT COVE NICEVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DILLARD, JIM 1705 DELLMONT COVE NICEVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Steve Czonstka 4554 Redbud Trail Niceville FL 32578 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOOVER, DICK 1652 PARKSIDE CIR NICEVILLE FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mike Duggan 1050 Bay Drive Niceville FL 32578 ☐ Change ☑ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE Frank Halbert 850-897-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #