2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N36884

Entity Name: PARKWOOD ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4400 HWY 20 EAST
SUITE 313
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5263
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-2988008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANDSBERGER, DARLANE
4400 HWY 20 EAST
SUITE 313
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CZONSTKA, STEVE	
Address:	4554 REDBUD TRAIL	
City-St-Zip:	NICEVILLE, FL 32578 US	
Title:	VD	( ) Delete
Name:	HOWARTH, DON	
Address:	1726 LILABERRY LANE	
City-St-Zip:	NICEVILLE, FL 32578 US	
Title:	SD	( ) Delete
Name:	ZAPATA, RHONDA	
Address:	1764 OSPREY COVE	
City-St-Zip:	NICEVILLE, FL 32578 US	
Title:	TD	( ) Delete
Name:	STAPLETON, TIM	
Address:	1681 PARKSIDE CIRCLE	
City-St-Zip:	NICEVILLE, FL 32578 US	
Title:	D	(X) Delete
Name:	GOLD, ALAN	
Address:	1630 PARKSIDE CIRCLE	
City-St-Zip:	NICEVILLE, FL 32578 US	
Title:	D	(X) Delete
Name:	BAILEY, WAYNE	
Address:	4538 PARKSIDE COVE WEST	
City-St-Zip:	NICEVILLE, FL 32578	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	WINTNER, DENISE	
Address:	4523 PARKSIDE LN	
City-St-Zip:	NICEVILLE, FL 32578 US	
Title:	SD	(X) Change ( ) Addition
Name:	O'NEAL, JOHN K	
Address:	4559 NORTHRIDGE PL	
City-St-Zip:	NICEVILLE, FL 32578 US	
Title:	TD	(X) Change ( ) Addition
Name:	HOOVER, RICHARD	
Address:	1652 PARKSIDE CIRCLE	
City-St-Zip:	NICEVILLE, FL 32578 US	
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: STEVE CZONSTKA PD 04/27/2006

Electronic Signature of Signing Officer or Director — Date