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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40138** (2)

1. Corporation Name

PARKWOOD LANE AT BLUEWATER BAY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 5062-BWB
NICEVILLE FL 32578

POST OFFICE BOX 5062-BWB
NICEVILLE FL 32578

3. Date Incorporated or Qualified
09/26/1990

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMONS, CLYDE A.
1599 PARKWOOD LANE
NICEVILLE FL 32578**

81 Name **Dallas Mills**

82 Street Address (P.O. Box Number is Not Acceptable)
4512 Parkwood Lane East

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

Dallas Mills, Jr.

1-18-97

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 **SD** ☒ DELETE
NAME **TOSH, GARY R.**
STREET ADDRESS **4505 PARKWOOD LANE, W**
CITY-ST-ZIP **NICEVILLE FL**

1.1 TITLE **SD** ☒ Change ☐ Addition
1.2 NAME **Mike McGee**
1.3 STREET ADDRESS **1598 Parkwood Lane**
1.4 CITY-ST-ZIP **Niceville, FL 32578**

TITLE **TD** ☐ DELETE
NAME **GAL, JOHN**
STREET ADDRESS **4506 PARKWOOD LANE, W**
CITY-ST-ZIP **NICEVILLE FL**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Jim Shane**
2.3 STREET ADDRESS **4494 Parkwood Lane W.**
2.4 CITY-ST-ZIP **Niceville, FL 32578**

TITLE **SD** ☐ DELETE
NAME **PERCEVAL, PETER**
STREET ADDRESS **4497 PARKWOOD LANE, W**
CITY-ST-ZIP **NICEVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **ARCOLEO, TAMMY L.**
STREET ADDRESS **4540 PARKWOOD LANE, E**
CITY-ST-ZIP **NICEVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **John Gal** *John Gal* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 1997

Daytime Phone # **0077653**

CR2E037 (9/96)