## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14826

Entity Name: PARKWOOD VILLAGE, INC.

**Current Principal Place of Business:** 

515 MAGNOLIA LANE WILDWOOD. FL 34785

**Current Mailing Address:** 

515 MAGNOLIA LANE WILDWOOD. FL 34785 US

FEI Number: 59-2828984 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAYMOND, JAMES 604 MAGNOLIA LANE WILDWOOD, FL 34785 US

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: JAMES RAYMOND 04/13/2015

Electronic Signature of Registered Agent

Date

FILED Apr 13, 2015

**Secretary of State** 

CC3919429293

Officer/Director Detail:

Title PRESIDENT Title VP

NameRAYMOND, JAMESNameROGERS, STEWARTAddress604 MAGNOLIA LANEAddress616 MAGNOLIA LANECity-State-Zip:WILDWOOD FL 34785City-State-Zip:WILDWOOD FL 34785

Title TREASURER Title SECRETARY

NameHUMMEL, JAQUELINENameGREENWOOD, CINDYAddress510 MAGNOLIA LANEAddress612 MAGNOLIA LANECity-State-Zip:WILDWOOD FL 34785City-State-Zip:WILDWOOD FL 34785

TitleACTIVITIES DIRECTORTitleDIRECTOR AT LARGENameROGERS, MERRYNameGREENWOOD, FREDAddress616 MAGNOLIA LANEAddress612 MAGNOLIA LANE

City-State-Zip: WILDWOOD FL 34785 City-State-Zip: WILDWOOD FL 34785

Title DIRECTOR AT LARGE
Name SALERNO, ALPHONSO
Address 704 MAGNOLIA LANE
City-State-Zip: WILDWOOD FL 34785

I hereby 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 all other like empowered.

SIGNATURE: JAQUELINE A HUMMEL TREASURER 04/13/2015

Electronic Signature of Signing Officer/Director Detail

Date