2018 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: Yes

Name and Address of Current Registered Agent:

TREADWAY, SAMUEL 511 IRONWOOD 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: SAMUEL TREADWAY 05/03/2018

Electronic Signature of Registered Agent

Date

FILED May 03, 2018

Secretary of State

CC1844098060

Officer/Director Detail:

| Title | PRESIDENT | Title | SECRETARY |
|-----------------|-------------------|-----------------|-------------------|
| Name | TREADWAY, SAMUEL | Name | LEVEA, KATHLEEN |
| Address | 511 IRONWOOD LANE | Address | 707 LIVE OAK LANE |
| City-State-Zip: | WILDWOOD FL 34785 | City-State-Zip: | WILDWOOD FL 34785 |
| | | | |

Title DIRECTOR AT LARGE Title **ACTIVITIES DIRECTOR** Name BLAIR, WILLIAM Name ROGERS, MERRY Address 702 MAGNOLIA LANE Address 616 MAGNOLIA LANE WILDWOOD FL 34785 City-State-Zip: WILDWOOD FL 34785 City-State-Zip:

Title **TREASURER** VΡ Title Name CUMM, TAFFEY Name **EKLEBERRY. TOM** Address 622 MAGNOLIA LANE 619 IRONWOOD LANE Address City-State-Zip: WILDWOOD FL 34785 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: TAFFEY CUMM TREASURER 05/03/2018