2021 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:

EKLEBERRY, THOMAS 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: THOMAS EKLEBERRY 03/11/2021

Electronic Signature of Registered Agent

Date

FILED Mar 11, 2021

Secretary of State

4530046618CC

Officer/Director Detail:

 Title
 PRESIDENT
 Title
 SECRETARY

 Name
 EKLEBERRRY, THOMAS
 Name
 TRIPP, MARY

Address 619 IRONWOOD LANE Address 616 SOUTH DRIVE

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

Title ACTIVITIES DIRECTOR Title DIRECTOR AT LARGE

Name ROGERS, MERRY Name MINER, JOHN

Address 616 MAGNOLIA LANE Address 601 LIVE OAK LANE

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

Title VP Title TREASURER

Name JONES, DUANE Name SMITH, BARBARA
Address 606 MAGNOLIA LANE Address 700 NORTH DRIVE

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

Title DIRECTOR AT LARGE
Name LONG, WARREN

Address 516 LIVE OAK 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: THOMAS EKLEBERRRY PRESIDENT 03/11/2021

Electronic Signature of Signing Officer/Director Detail

Date