2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

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

Name and Address of Current Registered Agent:

TREADWAY, SAMUEL 511 IRONWOOD LANE WILDWOOD, FL 34785 US Certificate of Status Desired: No

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	E: SAMUEL TREADWAY			10/25/2019
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	SECRETARY	
Name	TREADWAY, SAMUEL	Name	SMITH, BARBARA	
Address	511 IRONWOOD LANE	Address	700 NORTH DRIVE	
City-State-Zip:	WILDWOOD FL 34785	City-State-Zip:	WILDWOOD FL 34785	
Title	ACTIVITIES DIRECTOR	Title	DIRECTOR AT LARGE	
Name	ROGERS, MERRY	Name	JONES, DUANE	
Address	616 MAGNOLIA LANE	Address	606 MAGNOLIA LANE	
City-State-Zip:	WILDWOOD FL 34785	City-State-Zip:	WILDWOOD FL 34785	
Title	VP	Title	TREASURER	
Name	EKLEBERRY, TOM	Name	HUMMEL, JAQUELINE	
Address	619 IRONWOOD LANE	Address	510 MAGNOLIA LANE	
City-State-Zip:	WILDWOOD FL 34785	City-State-Zip:	WILDWOOD FL 34785	
Title	DIRECTOR AT LARGE			
Name	TRIPP, MARY			
Address	616 SOUTH DRIVE			
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 HUMMEL

TREASURER

10/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

FILED Oct 25, 2019 Secretary of State 7418152789CR