

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27305

**Entity Name:** PARKWOOD ISLE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 11, 2022**  
**Secretary of State**  
**8973962866CC**

**Current Principal Place of Business:**

C/O ALLIANCE PROPERTY SYSTEMS  
8751 W. BROWARD BLVD #400  
PLANTATION, FL 33324

**Current Mailing Address:**

C/O ALLIANCE PROPERTY SYSTEMS  
PO BOX 19439  
PLANTATION, FL 33318 US

**FEI Number: 65-0117307**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STRALEY & OTTO  
2699 STIRLING ROAD  
SUITE C-207  
FORT LAUDERDALE, FL 33312 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: CHARLES F. OTTO**

**03/11/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MARTINO, ANTHONY  
Address 10070 SW 16 PLACE  
City-State-Zip: DAVIE FL 33324

Title DIRECTOR  
Name CRUZAT, GONZALO  
Address 10121 SW 15 PLACE  
City-State-Zip: DAVIE FL 33324

Title DIRECTOR, SECRETARY  
Name ALONSO-PERRY, LORENA  
Address 10111 SW 16 CT  
City-State-Zip: DAVIE FL 33324

Title DIRECTOR, VP  
Name ANITA, CONSTANTIN  
Address 1630 SW 100 TER  
City-State-Zip: DAVIE FL 33324

Title DIRECTOR  
Name PURCELL, GARY  
Address 10131 SW 17 CT  
City-State-Zip: DAVIE FL 33324

Title DIRECTOR, TREASURER  
Name RAMEY, JESSICA  
Address 10110 SW 16 PL  
City-State-Zip: DAVIE FL 33324

Title DIRECTOR  
Name SANFORD, RYAN MICHAEL  
Address 10220 SW 17 CT  
City-State-Zip: DAVIE FL 33324

Title DIRECTOR, PRESIDENT  
Name STRUDWICK, JOSHUA  
Address 10151 SW 16 PL  
City-State-Zip: DAVIE FL 33324

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*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: STRUDWICK , JOSHUA**

**DIRECTOR, PRESIDENT**

**03/11/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MURRAY, PAMELA  
Address        10111 SW 16 PL  
City-State-Zip: DAVIE FL 33324