

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27305

FILED
Mar 15, 2023
Secretary of State
7699756340CC

Entity Name: PARKWOOD ISLE HOMEOWNERS ASSOCIATION, INC.

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

03/15/2023

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

03/15/2023

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