

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27305

Entity Name: PARKWOOD ISLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O SWIFT MANAGEMENT SOLUTIONS
1750 N UNIVERSITY DR #205
CORAL SPRINGS, FL 33071

Current Mailing Address:

C/O SWIFT MANAGEMENT SOLUTIONS
1750 N UNIVERSITY DR #205
CORAL SPRINGS, FL 33071 US

FEI Number: 65-0117307

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SWIFT MANAGEMENT SOLUTIONS
1750 N UNIVERSITY DRIVE
SUITE 205
CORAL SPRINGS, FL 33371 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: NICOLE SWIFT

02/12/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name CATANIA, PATRICIA
Address 10141 SW 16 CT
City-State-Zip: DAVIE FL 33324

Title SD
Name THOMAS, PEGGY
Address 10200 SW 16 PL
City-State-Zip: DAVIE FL 33324

Title D
Name PINDER, BUD
Address 10150 SW 15 PLACE
City-State-Zip: DAVIE FL 33324

Title VPD
Name PECORINO, PAT
Address 10070 SW 16 COURT
City-State-Zip: DAVIE FL 33324

Title D
Name GWIADOWSKI, GEORGE
Address 10151 SW 17TH CT
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name DUBOIS, ART
Address 10141 SW 17TH COURT
City-State-Zip: DAVIE FL 33324

Title D
Name LONG, ALLEN
Address 10090 SW 16 CT
City-State-Zip: DAVIE FL 33324

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: PATRICIA CATANIA

PRES

02/12/2015

Electronic Signature of Signing Officer/Director Detail

Date