

2013 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

04/02/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name CATANIA, PATRICIA
Address 1145 SAWGRASS CORP PKWY
City-State-Zip: FORT LAUDERDALE FL 33323

Title SD
Name THOMAS, PEGGY
Address 1145 SAWGRASS CORP PKWY
City-State-Zip: FORT LAUDERDALE FL 33323

Title TD
Name JOLIE, IDANIA
Address 1145 SAWGRASS CORP PKWY
City-State-Zip: FORT LAUDERDALE FL 33323

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

Title D
Name RAPPA, LEONARD
Address 1530 SW 100 TERRACE
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name DUBOIS, ART
Address 10141 SW 17TH COURT
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: CATANIA, PATRICIA

PD

04/02/2013

Electronic Signature of Signing Officer/Director Detail

Date