2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27305

Entity Name: PARKWOOD ISLE HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 02, 2013
Secretary of State
CC5458234982

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 Title SD

Name CATANIA, PATRICIA Name THOMAS, PEGGY

Address 1145 SAWGRASS CORP PKWY Address 1145 SAWGRASS CORP PKWY

City-State-Zip: FORT LAUDERDALE FL 33323 City-State-Zip: FORT LAUDERDALE FL 33323

Title TD Title VPD

NameJOLIE, IDANIANamePECORINO, PATAddress1145 SAWGRASS CORP PKWYAddress10070 SW 16 COURTCity-State-Zip:FORT LAUDERDALE FL 33323City-State-Zip:DAVIE FL 33324

TitleDTitleDIRECTORNameRAPPA, LEONARDNameDUBOIS, ART

Address 1530 SW 100 TERRACE Address 10141 SW 17TH COURT

City-State-Zip: DAVIE FL 33324 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.