

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36884

Entity Name: PARKWOOD ESTATES PROPERTY OWNERS ASSOCIATION, INC.**FILED**
Feb 18, 2016
Secretary of State
CC2455543786**Current Principal Place of Business:**1800 BLUEWATER BLVD
NICEVILLE, FL 32578**Current Mailing Address:**P.O. BOX 5274
NICEVILLE, FL 32578-5274 US**FEI Number: 59-2988008****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALLIANCE ASSOCIATION MANAGEMENT CO
408 KELLY PLANTATION DR.
DESTIN, FL 32541 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: KIM WINTNER****02/18/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WEEMHOFF, JIM
Address 1733 OSPREY COVE
City-State-Zip: NICEVILLE FL 32578

Title PRESIDENT
Name BARKER, BRIAN
Address 1741 OSPREY COVE
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR
Name VANDENBOOM, MICHAEL
Address 1737 OSPREY COVE
City-State-Zip: NICEVILLE FL 32578

Title SECRETARY
Name MOORE, HEATHER
Address 1720 LILABERRY LN
City-State-Zip: NICEVILLE FL 32578

Title TREASURER
Name DANNELLY, JEFF
Address 1751 NANCY WARD COVE
City-State-Zip: NICEVILLE FL 32578

Title D
Name DODGEN, DEBORAH
Address 1671 PARKSIDE CIR
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR
Name JEFFREYS, JAMES
Address 1689 BRETTON COVE
City-State-Zip: NICEVILLE FL 32578

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: BRIAN BARKER**PRESIDENT****02/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date