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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720919 (0)

1. Corporation Name

PARKWOOD ACRES CIVIC ASSOCIATION, INC.

Principal Place of Business

8734 DICK ST.
HUDSON FL 34667

Mailing Address

9734 DICK ST.
HUDSON FL 34669-3751



3. Date Incorporated or Qualified
05/11/1971

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-1688898

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBSTER, STEPHIE
9820 GARY ST.
HUDSON FL 34669-0751

81 Name

Glover, Norman

82 Street Address (P.O. Box Number is Not Acceptable)

13805 Hicks Road

83

84 City

Hudson,

FL

85 Zip Code
34669

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RAYMOND, KENNETH	
STREET ADDRESS	9731 REX STREET	
CITY-ST-ZIP	HUDSON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GLOVER, NORMAN	
STREET ADDRESS	13805 HICKS ROAD	
CITY-ST-ZIP	HUDSON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WEBSTER, STEPHIE	
STREET ADDRESS	9820 GARY ST.	
CITY-ST-ZIP	HUDSON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, NANCY	
STREET ADDRESS	12023 PARKWOOD STREET	
CITY-ST-ZIP	HUDSON, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOWE, GLORIA	
STREET ADDRESS	9734 GARY STREET	
CITY-ST-ZIP	HUDSON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOCKENSMITH, HARVEY	
STREET ADDRESS	9807 TOM STREET	
CITY-ST-ZIP	HUDSON FL	

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Martel Lee	
1.3 STREET ADDRESS	13707 Litewood Drive	
1.4 CITY-ST-ZIP	Hudson, FL 34669	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rowe, Harold	
4.3 STREET ADDRESS	13901 Litewood Drive	
4.4 CITY-ST-ZIP	Hudson, FL 34669	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Schumm, Christine	
6.3 STREET ADDRESS	9720 Lee Street	
6.4 CITY-ST-ZIP	Hudson, FL 34669	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068410

CR2E037 (9/96)