FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

720919

(0)

PARKWOOD ACRES CIVIC ASSOCIATION, INC.									
Principal Plac	ce of Business	Mailing Address	lailing Address			- I TODAH KEDUD KADA DOMUN DENEN KADA I	i itali sibil qibil		J e ji Bibit (881
9734 DICK ST. HUDSON FL 34867		9734 DICK ST. HUDSON FL 34667			3. Date Incorporated or Qualified 05/11/1971				
					4. FEI Number 59-1688898		<u> </u>	oplied For of Applicable	
2. Principal P	Place of Business	2a. Mailing Address			·····			\$8.75	
21		26				Certificate of Status Desired		Fee Re	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution		\$5.00 I Added to	
City & Stat	е	City & State				7. Is this nonprofit corporation a homeowners association?			
23 Zin	Country	28				Yes No			
Zip 24	Country	Zip Count 30		ntry	1	8. This corporation owes or has paid the current year int Personal Property Tax due June 30.			angible 3 No
	9. Name and Address of Current		[30]			10. Name and Address of New Re			3 140
* 		B1 N	lame			<u></u>			
GLOVER, NORMAN				82 St	treet Addres	ss (P.O. Box Number is Not Acceptal	ble)		
13805 HICKS ROAD				83	····				
HUDSON FL 34669-0751								·	
					ity		FL		Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the					med corpor	ration submits this statement for the polygon board of directors. I hereby acce	ourpose of c	hanging it	s registered
office or registered agent, or both, in the State of Florida. Such change was authorize agent. I art familiar with and accept the obligations of, Section 617.0503, Florida Sta					Olporatio	(18 Duard of diffectors, Friendly 2000)	ht ma abbou	Hilleri Go	(añistai-an
SIGNATURE Significe, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agen						Luhan raingtalina)	DATE		
12.	OFFICERS AND		13.	I rigora s.	highen sadming	ADDITIONS/CHANGES TO OFFIC		IRECTOR	S IN 12
TITLE	VP	☐ DELETE	DELETE 1.1 TITLE					Change	Addition
NAME	LEE, MARTEL	1.2 N		ME	1				
STREET ADDRESS	13707 LITEWOOD DRIVE	1.3		1.3 STREET ADDRESS					
CITY-ST-ZIP	HUDSON FL	DELETE	1.4 CITY-ST-ZIP		<u> </u>			T A	1 Addison
TITLE	PD NODMAN			2.1 TITLE			L	_ Change	Addition
NAME OTOGET ADODESC	GLOVER, NORMAN		2.2 NAI						
STREET ADDRESS	13805 HICKS ROAD HUDSON FL		2.3 STREET				-		
CITY-ST-ZIP TITLE				2. 4 CITY-ST-ZIP 3.1 TITLE				Change	X Addition
NAME	Webster, Stephie	_		3.2 NAME		O CG CONRADS	_	_ one-igo	E.J FRANCIA
STREET ADDRESS	9620 GARY ST.			reet addf		OS ED STREET			ı
CITY-ST-ZIP	HUDSON FL			TY-ST-ZII		DSON FL 34669			
TITLE	10	☐ DELETE	4.1 TIT	··			L	Change	Addition
NAME	ROWE, HAROLD		4. 2 NA	ME					
STREET ADDRESS	13901 LITEWOOD DRIVE		4.3 ST	reet addi	HESS	,			
CITY-ST-ZIP			4.4 CIT	IY-ST-ZIP	<u>, </u>				
TITLE	\$D	☐ DELETE	5.1 TiT	LE				Change	☐ Addition
NAME	LOWE, GLORIA		5.2 NAI	ME					
STREET ADDRESS	9734 GARY STREET		5.3 STF	reet addr	ESS				
CITY-ST-ZIP				Y-ST-ZIP		MD.		1	4.00
TITLE	TD COMMENT CHONOTING	K DELETE	6.1 TIT		TD		L	_i Change	Addition
NAME	SCHUMM, CHRISTINE		6.2 NA			SE LOMBARDI			
STREET ADDRESS	9720 LEE STREET		6.3 STP	REET ADDR	iESS 12	135 CHUCK CIRCLE			

CITY-ST-ZIP HUDSON FL 34669

14. I 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 chapter 617 on an attachment with an address.

CR2E037 (10/97)

FILED

Mar 05 1998 8:00am

Secretary of State