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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720919

1. Corporation Name

PARKWOOD ACRES CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9734 DICK ST.
HUDSON FL 34669 9

9734 DICK ST.
HUDSON FL 34669 9



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

05/11/1971

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

9. Name and Address of Current Registered Agent

GLOVER, NORMAN
13805 HICKS ROAD
HUDSON FL 34669-0751

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, or 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

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LEE, MARTEL	
STREET ADDRESS	13707 LITEWOOD DRIVE	
CITY-ST-ZIP	HUDSON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLOVER, NORMAN	
STREET ADDRESS	13805 HICKS ROAD	
CITY-ST-ZIP	HUDSON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CONRAD, PEG	
STREET ADDRESS	9705 ED STREET	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROWE, HAROLD	
STREET ADDRESS	13901 LITEWOOD DRIVE	
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 type="checkbox"/> DELETE
NAME	LOMBARDI, ROSE	
STREET ADDRESS	12135 CHUCK CIR	
CITY-ST-ZIP	HUDSON FL 34669	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Meston	
1.3 STREET ADDRESS	9642 Jim St.	
1.4 CITY-ST-ZIP	Hudson FL. 34669	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	34669	
3.1 TITLE	Asst. Sect.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vickie Bickford	
3.3 STREET ADDRESS	13430 Parkwood St.	
3.4 CITY-ST-ZIP	Hudson FL. 34669	
4.1 TITLE	Asst. Treasurer	<input checked="" type="checkbox"/> Change <input 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 checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	34669	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rose Lombardi PROVIAED Lombardi - Treas. 2/16/99 727-868-9115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)