

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720919

1. Entity Name

PARKWOOD ACRES CIVIC ASSOCIATION, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90072 033 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9734 DICK ST. HUDSON FL 34667	9734 DICK ST. HUDSON FL 34669-3751

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-1688898	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
GLOVER, NORMAN 13805 HICKS ROAD HUDSON FL 34669-0751

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> Delete
NAME	MESTON, WILLIAM
STREET ADDRESS	9642 JIM STREET
CITY-ST-ZIP	HUDSON FL 34669
TITLE	PD <input type="checkbox"/> Delete
NAME	GLOVER, NORMAN
STREET ADDRESS	13805 HICKS ROAD
CITY-ST-ZIP	HUDSON FL 34669
TITLE	AS <input type="checkbox"/> Delete
NAME	BICKFORD, VICKIE
STREET ADDRESS	13430 PARKWOOD STREET
CITY-ST-ZIP	HUDSON FL 34669
TITLE	AT <input checked="" type="checkbox"/> Delete
NAME	ROWE, HAROLD
STREET ADDRESS	13901 LITEWOOD DRIVE
CITY-ST-ZIP	HUDSON FL 34669
TITLE	SD <input type="checkbox"/> Delete
NAME	LOWE, GLORIA
STREET ADDRESS	9734 GARY STREET
CITY-ST-ZIP	HUDSON FL 34669
TITLE	TD <input type="checkbox"/> Delete
NAME	LOMBARDI, ROSE
STREET ADDRESS	12135 CHUCK CIR
CITY-ST-ZIP	HUDSON FL 34669

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AT. Webster Stephe
STREET ADDRESS	9620 GARY Street
CITY-ST-ZIP	HUDSON, FL. 34669
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED NORMAN GLOVER PRESIDENT 3-27-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)