

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90031 035 ****61.25

A0049516

DO NOT WRITE IN THIS SPACE

DOCUMENT # 720919
1. Entity Name
 Parkwood Acres Civic Association Inc.

Principal Place of Business
 Parkwood Acres Civic Association Inc.
 % Jane Aldrich
 9704 Ed St.

2. Principal Place of Business
 Hudson, Fl. 34669
Mailing Address
 Parkwood Acres Civic Association Inc.

Suite, Apt. #, etc.
 9734 Dick St.

City & State
 Hudson
City & State
 Fl. 34669

Zip
 34669
Country
 Pasco

4. FEI Number
 59-1688898
Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Norman Glover
 13805 Hicks Rd.
 Hudson, Fl. 34669

7. Name and Address of New Registered Agent

Name
 Phillip Condon
Street Address (P.O. Box Number is Not Acceptable)
 9603 Pat St.
City
 Hudson, Fl. 34669
FL
Zip Code
 34669

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 *Phillip J. Condon*
 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. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

TITLE P NAME Phillip Condon STREET ADDRESS 9603 Pat St CITY-ST-ZIP Hudson, Fl. 34669	<input type="checkbox"/> Delete
TITLE ✓ NAME Patricia Arlozynski STREET ADDRESS 13815 Parkwood St. CITY-ST-ZIP Hudson, Fl. 34669	<input type="checkbox"/> Delete
TITLE S NAME Jane Aldrich STREET ADDRESS 9704 Ed St. CITY-ST-ZIP Hudson, Fl. 34669	<input type="checkbox"/> Delete
TITLE T NAME Stephie Webster STREET ADDRESS 9620 Gary ST. CITY-ST-ZIP Hudson, Fl. 34669	<input type="checkbox"/> Delete
TITLE D NAME Katherine Spalding STREET ADDRESS 12420 Litewood Dr. CITY-ST-ZIP Hudson, Fl. 34669	<input type="checkbox"/> Delete
TITLE O NAME Betty Lindel STREET ADDRESS 12921 Hicks Rd. CITY-ST-ZIP Hudson, Fl. 34669	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jane Aldrich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 01

Date

(727) 868-8743

Daytime Phone #

CR2E037 (1/1/00)