

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90163 002 ****61.25

DOCUMENT # 720919

1. Entity Name

PARKWOOD ACRES CIVIC ASSOCIATION, INC.

Principal Place of Business

**9734 DICK ST.
HUDSON FL 34669**

Mailing Address

**9734 DICK ST.
HUDSON FL 34669**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**CONDON, PHILLIP
9603 PAT ST.
HUDSON FL 34669**

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. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P CONDON, PHILLIP**
STREET ADDRESS **9603 PAT ST.**
CITY-ST-ZIP **HUDSON FL 34669**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V ARLOZYNSKI, PATRICIA**
STREET ADDRESS **13815 PARKWOOD ST.**
CITY-ST-ZIP **HUDSON FL 34660**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S ALDRICH, JANE**
STREET ADDRESS **9704 ED ST.**
CITY-ST-ZIP **HUDSON FL 34660**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T WEBSTER, STEPHIE**
STREET ADDRESS **9620 GARY ST.**
CITY-ST-ZIP **HUDSON FL 34669**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D SPALDING, KATHERINE**
STREET ADDRESS **12420 LITEWOOD DR.**
CITY-ST-ZIP **HUDSON FL 34669**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D LINDOL, BETTY**
STREET ADDRESS **12921 HICKS RD.**
CITY-ST-ZIP **HUDSON FL 34669**

☒ Change ☐ Addition
TITLE
NAME **D Sharon RATAJCZYK**
STREET ADDRESS **9613 GARY ST**
CITY-ST-ZIP **HUDSON, FL. 34669**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 15, 2002

727-868-8743

Date

Daytime Phone #

CR2E037 (9/01)