2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 720919

1. Entity Name
PARKWOOD ACRES CIVIC ASSOCIATION, INC.

FILED
05 FEB -9 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01112005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
9734 DICK ST. HUDSON, FL 34669	9704 ED 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	7. Name and Address of New Registered Agent
ARLOZYNSKI, PATRICIA 13815 PARKWOOD ST HUDSON, FL 34669	Name Tom Cardillo Street Address (P.O. Box Number is Not Acceptable) 12135 Chuck Circle City Hudson, FL. **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Tom Cardillo 1/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARDILLO, TOM 12135 CHUCK CIR HUDSON, FL 34669	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Cardillo, Tom 12135 Chuck Circle Hudson, FL. 34669 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ARLOZYNSKI, PATRICIA 13815 PARKWOOD ST. HUDSON, FL 34669	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Kastner, Paul 12928 Parkwood ST. Hudson, FL. 34669 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALDRICH, JANE 9704 ED ST. HUDSON, FL 34660	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300046654903 02/15/05--01052--007 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WEBSTER, STEPHIE 9620 GARY ST. HUDSON, FL 34669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KASTNER, PAUL 12928 PARKWOOD ST. HUDSON, FL 34669	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tom Webster 12920 Litewood DR. Hudson, FL. 34669 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RILEY, WALTER 12710 PARKWOOD ST. HUDSON, FL 34669	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Molly Freas 13616 Litewood DR. Hudson, FL. 34669 ☐ Change ☐ 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 JANE ALDRICH 1-11-05 727-868-8243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #