


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

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| DOCUMENT # N03000005934 |  |
| 1. Entity Name PARKWOOD DOWNS PROPERTY OWNERS ASSOCIATION, INC. | |

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| Principal Place of Business 3140 CELINA LANE MELBOURNE, FL 32934 US | Mailing Address 3140 CELINA LANE MELBOURNE, FL 32934 US |
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 20-4760960 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**PARKWOOD DOWNS POA INC
3140 CELINA LANE
MELBOURNE, FL 32934**

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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| Filing Fee is \$81.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000907808 05/06/08-80004-001 61.25 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA HACKETT, PATRICIA A 3140 CELINA LANE MELBOURNE, FL 32934 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Patricia A. Hackett* **PATRICIA A. HACKETT** 4/16/08 321-751-6626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #