

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION
 ANNUAL REPORT
 1997

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 OCT 16 AM 9:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # N04746 (6)

1. Corporation Name
 PARKWOOD PROPERTY OWNERS ASSOCIATION
REINSTATEMENT 1997

Principal Place of Business Mailing Address
 P. O. BOX 2701 STUART FL 34995 P. O. BOX 2701 STUART FL 34995

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/16/1984		07/03/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2641845		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONES, MATTHEW L P.A. 215 S. FEDERAL HWY., STE. 200 STUART FL 34994				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				759 S. Federal Highway			
				83 Suite 212			
				84 City Stuart			
				FL		85 Zip Code 34990	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* 100002323541-8
 -10/17/97-01115-001

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OCHALAK, ALLAN			1.2 NAME	Richard Reynolds		
STREET ADDRESS	6760 SE AMYRIS CT.			1.3 STREET ADDRESS	6834 SE Raintree Ave		
CITY-ST-ZIP	STUART FL 34994			1.4 CITY-ST-ZIP	Stuart, FL 34997		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRANDT, MICHAEL			2.2 NAME	Mario Varrasi		
STREET ADDRESS	6885 SE AMYRIS CT.			2.3 STREET ADDRESS	6726 SE Raintree Ave		
CITY-ST-ZIP	STUART FL 34994			2.4 CITY-ST-ZIP	Stuart, FL 34997		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BEANE, GARY			3.2 NAME	Cindy Cook		
STREET ADDRESS	6796 SE RAINTREE AVE.			3.3 STREET ADDRESS	6748 SE Silverbell		
CITY-ST-ZIP	STUART FL 34997			3.4 CITY-ST-ZIP	Stuart, FL 34997		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKLES, BARBARA			4.2 NAME	Barbara S Buckles		
STREET ADDRESS	6811 SE RAIN TREE AVE.			4.3 STREET ADDRESS	6811 SE Raintree Ave		
CITY-ST-ZIP	STUART FL 34997			4.4 CITY-ST-ZIP	Stuart, FL 34997		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROWE, RADIE			5.2 NAME	Radi Davis		
STREET ADDRESS	5 E JACARANUE AVE			5.3 STREET ADDRESS	4282 SE Satinleaf		
CITY-ST-ZIP	STUART FL 34997			5.4 CITY-ST-ZIP	Stuart, FL 34997		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: Barbara S Buckles 10/1/97 561 226

CR2E037 (4/97)