

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northrup</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04746 (6)**  
 1. Corporation Name  
**PARKWOOD PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>P. O. BOX 2701 STUART FL 34995</b>	Mailing Address <b>P. O. BOX 2701 STUART FL 34995</b>
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3. Date Incorporated or Qualified <b>08/16/1984</b>	
4. FEI Number <b>59-2641845</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**JONES, MATTHEW L P.A.  
 750 S. FEDERAL HIGHWAY  
 SUITE 212  
 STUART FL 34995**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>REYNOLDS, RICHARD</b>	
STREET ADDRESS	<b>6834 S.E. RAIN TREE AVENUE</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VARRASI, NARIO</b>	
STREET ADDRESS	<b>6728 S.E. RAIN TREE AVENUE</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COOK, CINDY</b>	
STREET ADDRESS	<b>6748 S.E. SILVERBELL</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BUCKLES, BARBARA S</b>	
STREET ADDRESS	<b>6811 SE RAIN TREE AVE.</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, LORI</b>	
STREET ADDRESS	<b>4282 S.E. SATINLEAF</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>At Large</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Dave Mason</b>	
1.3 STREET ADDRESS	<b>4222 SE Satinleaf</b>	
1.4 CITY-ST-ZIP	<b>Stuart, FL 34997</b>	
2.1 TITLE	<b>At Large</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Bill Popelowski</b>	
2.3 STREET ADDRESS	<b>4106 SE Jacaranda</b>	
2.4 CITY-ST-ZIP	<b>Stuart, FL 34997</b>	
3.1 TITLE	<b>Varrasi, Mario</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	<b>At Large</b>	
4.1 TITLE	<b>Buckles, Barbara S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>Treasurer</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: Barbara S Buckles Barbara S Buckles 3/26/98 (561) 220 1075

CR2E037 (10/97)