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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04746**  
 1. Corporation Name  
**PARKWOOD PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business P. O. BOX 2701 STUART FL 34985	Mailing Address P. O. BOX 2701 STUART FL 34985
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 08/16/1984	4. FEI Number 59-2641845	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent  
**JONES, MATTHEW L P.A.**  
**750 S. FEDERAL HIGHWAY**  
**SUITE 212**  
**STUART FL 34985**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 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 rehabilitating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	REYNOLDS, RICHARD D	1.1 TITLE D	Red Cochran
STREET ADDRESS 6834 S.E. RAIN TREE AVENUE	STUART FL 34997	1.2 NAME	6810 SE Rain Tree Ave
CITY-ST-ZIP		1.3 STREET ADDRESS	Stuart FL 34997
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	VARRASI, MARIO D	2.1 TITLE D	John Hankin
STREET ADDRESS 6726 S.E. RAIN TREE AVENUE	STUART FL 34997	2.2 NAME	4284 SE Ocean Palm Pl...
CITY-ST-ZIP		2.3 STREET ADDRESS	Stuart FL 34997
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE A	MASON, DAVE D	3.1 TITLE D	Self Maxson
STREET ADDRESS 4222 SE SATIN LEAF	STUART FL 34997	3.2 NAME	4222 SE Satinleaf Pl.
CITY-ST-ZIP		3.3 STREET ADDRESS	Stuart FL 34997
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE T	BUCKLES, BARBARA S	4.1 TITLE	
STREET ADDRESS 6811 SE RAIN TREE AVE.	STUART FL 34997	4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	DAVIS, LORI	5.1 TITLE	
STREET ADDRESS 4282 S.E. SATINLEAF	STUART FL 34997	5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE A	ROPELEWSKI, BILL D	6.1 TITLE	
STREET ADDRESS 4106 SE JACARANDA	STUART FL 34997	6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ Date: 3/11/99 Daytime Phone #: 561-238291

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