

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90068 028 ****61.25

DOCUMENT # N04746

1. Entity Name

PARKWOOD PROPERTY OWNERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P. O. BOX 2701
 STUART FL 34995

P. O. BOX 2701
 STUART FL 34995-2701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2641845

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

Name **David Hancock**
 Street Address (P.O. Box Number is Not Acceptable)

310 W. First Street
 City **Stuart** **FL** Zip Code **34994**

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.

SIGNATURE

David L. Hancock

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/14/00
 DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	REYNOLDS, RICHARD	
STREET ADDRESS	6834 S.E. RAINTREE AVENUE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARRASI, MARIO	
STREET ADDRESS	6726 S.E. RAINTREE AVENUE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	AD	<input type="checkbox"/> Delete
NAME	MASON, DAVE	
STREET ADDRESS	4222 SE SATIN LEAF	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDINER, ROD	
STREET ADDRESS	6510 SE RAINTREE AVE.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANKIN, JOHN	
STREET ADDRESS	4284 S.E. COCOPLUM PL	
CITY-ST-ZIP	STUART FL 34997	
TITLE	AD	<input checked="" type="checkbox"/> Delete
NAME	ROPELEWSKI, BILL	
STREET ADDRESS	4106 SE JACARANDA	
CITY-ST-ZIP	STUART FL 34997	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reynolds, Michael	
STREET ADDRESS	6834 S.E. Raintree Avenue	
CITY-ST-ZIP	Stuart FL 34997	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Shaw	
STREET ADDRESS	4081 SE Peppertree	
CITY-ST-ZIP	Stuart FL 34997	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geraldine Pisapia	
STREET ADDRESS	4153 SE Peppertree	
CITY-ST-ZIP	Stuart FL 34997	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Connie Davis	
STREET ADDRESS	6906 SE Raintree Ave	
CITY-ST-ZIP	Stuart FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Rod Gardiner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00 **561-288-5243**
 DATE Daytime Phone #

CR2E037 (9/99)