


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**04 OCT 25 PM 3:16**

<b>DOCUMENT # N04746</b>				
1. Entity Name PARKWOOD PROPERTY OWNERS ASSOCIATION, INC.				
Principal Place of Business P. O. BOX 2701 STUART, FL 34995		Mailing Address P. O. BOX 2701 STUART, FL 34995		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 59-2641845				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required

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10212004 REIN-NP CR2E099 (6/04)

<b>6. Name and Address of Current Registered Agent</b>  HANCOCK, DAVID 817 BEACHLAND BLVD PO BOX 3406 VERO BEACH, FL 32964	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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: David Hauck 10/22/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete REYNOLDS, MICHAEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200042161052
STREET ADDRESS	6834 S.E. RAINTREE AVENUE	STREET ADDRESS	10/25/04--01072--013 **\$61.25
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete HAUCK, DAVID	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3905 SE WALNUT PLACE	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	
TITLE	AD <input type="checkbox"/> Delete MASON, DAVE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4222 SE SATIN LEAF	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete LAFORCE, VERA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4281 SE SATINLEAF	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete MANTIONE, VINCENT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6871 SE RAINTREE AVE	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete BARRETT, BILL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4361 SE SATINLEAF PL	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997	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: DAVID HAUCK 10/22/04 772-349-3606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/27/04