

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2008
Secretary of State**

DOCUMENT# N04746

Entity Name: PARKWOOD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3900 SE WALNUT PLACE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1639
HOBE SOUND, FL 33475

New Mailing Address:

FEI Number: 59-2641845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BONAN, ELIZABETH ESQ
759 SOUTH FEDERAL HIGHWAY
STE 212
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAVOY, STEPHANIE
Address: 3918 SE WALNUT PLACE
City-St-Zip: STUART, FL 34997

Title: V () Delete
Name: LAFORCE, VERA
Address: 4281 SE SATINLEAF PLACE
City-St-Zip: STUART, FL 34997

Title: S () Delete
Name: MENDONCA, CATHY
Address: 3965 SE JACARANDA STREET
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: BARBONE, LAURA
Address: 4305 SE TAMARIND STREET
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: THOMAS, KIM
Address: 4077 SE JACARANDA STREET
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA BARBONE

T

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date