

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04746

FILED  
May 01, 2008  
Secretary of State

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