

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04746

**FILED**  
**Apr 27, 2011**  
**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 ( )**

**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:**

BONAN, ELIZABETH ESQ  
789 SOUTH FEDERAL HIGHWAY  
STE 101  
STUART, FL 34994 US

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: ELIZABETH BONAN

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: SYLER, DENA  
Address: 6774 SE RAINTREE DRIVE  
City-St-Zip: STUART, FL 34997

Title: P  
Name: THOMAS, KIM  
Address: 4077 SE JACARANDA STREET  
City-St-Zip: STUART, FL 34997

Title: SD  
Name: ROPELEWSKI, SUE  
Address: 4106 SE JACARANDA STREET  
City-St-Zip: STUART, FL 34997

Title: TD  
Name: CLARK, STEVE  
Address: 6703 SE RAINTREE DRIVE  
City-St-Zip: STUART, FL 34997

I hereby 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 all other like empowered.

SIGNATURE: KIM THOMAS

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date