


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90014 014 \*\*\*\*61.25

**DOCUMENT # N05000000048**

1. Entity Name  
**PARKWOOD SQUARE APARTMENTS ASSOCIATION B, INC.**



Principal Place of Business  
**5880 38TH AVE. N. 209  
 ST. PETERSBURG, FL 33710**

Mailing Address  
**11350 66TH ST. N. 124  
 LARGO, FL 33773**

**66004829**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01112006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1808864**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HOLIDAY ISLES PROPERTY MANAGEMENT, INC.  
 11350 66TH ST. N., STE. 124  
 LARGO, FL 33773**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when renouncing)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OP</b> HILBURN, WAYNE R 5880 38TH AVE. N., BLDG. #209 ST. PETERSBURG, FL 337101965	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HOPKINS, RUTH 5880 38TH AVE. N., BLDG. #209 ST. PETERSBURG, FL 337101965	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D S / T</b> BELL, WILLIAM 5880 38TH AVE. N., BLDG. #209 ST. PETERSBURG, FL 337101965	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> James Murry 5880-311 38th Ave N. ST. Petersburg, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Wayne R. Hilburn **WAYNE HILBURN** President **2/15/06** 727-5489402  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT  
66004829

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2006

PARKWOOD SQUARE APARTMENTS ASSOCIATION B, INC.  
11350 66TH ST. N. 124  
LARGO, FL 33773

Subject: **PARKWOOD SQUARE APARTMENTS ASSOCIATION B, INC.**

Reference Number: **N05000000048**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj  
ANNUAL REPORTS SECTION

DONK  
59-1808864

Per Robert Bassett, Agent

RECEIVED MAR 06 2006