


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90233 029 \*\*\*\*61.25

<b>DOCUMENT # N05000000048</b>					
1. Entity Name <b>PARKWOOD SQUARE APARTMENTS ASSOCIATION B, INC.</b>					
Principal Place of Business 5880 38TH AVE. N. 209 ST. PETERSBURG, FL 33710		Mailing Address 11350 66TH ST. N. 124 LARGO, FL 33773			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03062007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1808864	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOLIDAY ISLES PROPERTY MANAGEMENT, INC. 11350 66TH ST. N., STE. 124 LARGO, FL 33773				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HILBURN, WAYNE R	NAME	<i>Revilla, Pedro</i>		
STREET ADDRESS	5880 38TH AVE. N., BLDG. #209	STREET ADDRESS	<i>5880-104 38th Ave N.</i>		
CITY-ST-ZIP	ST. PETERSBURG, FL 337101965	CITY-ST-ZIP	<i>St Petersburg FL 33710</i>		
TITLE	ST <input type="checkbox"/> Delete	TITLE			
NAME	BELL, WILLIAM	NAME			
STREET ADDRESS	5880 38TH AVE. N., BLDG. #209	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 337101965	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE			
NAME	MURRY, JAMES	NAME			
STREET ADDRESS	5880-311 38TH AVE NORTH	STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Wayne R. Hilburn</i> <b>Pres.</b>				Date <i>727-548-9402</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	