


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90011 005 ****61.25

DOCUMENT # N05000000048 1. Entity Name PARKWOOD SQUARE APARTMENTS ASSOCIATION B, INC.	
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Principal Place of Business 5880 38TH AVE. N. 209 ST. PETERSBURG, FL 33710	Mailing Address 11350 66TH ST. N. 124 LARGO, FL 33773
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01232008 Chg-NP CR2E037 (12/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-1808864	Applied For <input type="checkbox"/> Not Applicable
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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	P	HILBURN, WAYNE R 5880 38TH AVE. N., BLDG. #209 ST. PETERSBURG, FL 337101965	<input type="checkbox"/> Delete
TITLE	ST	BELL, WILLIAM 5880 38TH AVE. N., BLDG. #209 ST. PETERSBURG, FL 337101965	<input type="checkbox"/> Delete
TITLE	VP	REVILLA, PEDRO 5800 104 38TH AVE N SAINT PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Delete
TITLE			<input type="checkbox"/> Delete
TITLE			<input type="checkbox"/> Delete
TITLE			<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		White, James VP 5880-104 38th Ave N # 111 ST Pete FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			<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 R. HILBURN January 24, 2008 727 347 2459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #