

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005423

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** PARKWAY OFFICE PLAZA PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

219 SOUTH CLYDE AVE  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

219 S CLYDE AVE  
KISSIMMEE, FL 34741

**Current Mailing Address:**

PO BOX 422557  
KISSIMMEE, FL 347422557

**New Mailing Address:**

**FEI Number:** 57-1239409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NUGENT, CYNTHIA  
2425 ROAT DRIVE  
ORLANDO, FL 32835 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  
Name: COLE, KEVIN S  
Address: 719 PARK LAKE CIRCLE  
City-St-Zip: ORLANDO, FL 32803

Title: D  
Name: COLE, KEVIN S  
Address: 719 PARK LAKE CIRCLE  
City-St-Zip: ORLANDO, FL 32803

Title: DVP  
Name: BUIKEMA, KENNETH E  
Address: 2425 ROAT DRIVE  
City-St-Zip: ORLANDO, FL 32835

Title: DST  
Name: NUGENT, CYNTHIA  
Address: 2425 ROAT DRIVE  
City-St-Zip: ORLANDO, FL 32835

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: CYNTHIA NUGENT

ST

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date