



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90087 023 \*\*\*\*61.25

<b>DOCUMENT # N07578</b> 1. Entity Name <b>PARKWOOD HOME OWNERS ASSOCIATION OF WILDWOOD INC.</b>					
Principal Place of Business <b>900 DEBBIE ST WILDWOOD, FL 34785 US</b>			Mailing Address <b>900 DEBBIE ST. WILDWOOD, FL 34785 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-2483433</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01142007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>GAY, CHARLES R 900 DEBBIE ST. WILDWOOD, FL 34785</b>				7. Name and Address of New Registered Agent  Name <b>CARMODY, JUDITH ANN</b> (Acceptable) <b>901 PAMELA ST. WILDWOOD, FL 34785</b> City <b>FL</b> 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 <b>JUDITH ANN CARMODY</b> <i>Judith Ann Carmody</i> <b>Jan 30, 2007</b> <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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BALL, DAN 918 PAMELA ST WILDWOOD, FL 34785</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HUYCK, ROBERT 912 DEBBIE ST. WILDWOOD, FL 34785</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FITZREITER, CRIS 900 PAMELA ST WILDWOOD, FL 34785</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GAY, CHARLES 829 CAROL ST. WILDWOOD, FL 34785</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARMODY, JUDY 901 PAMELA ST WILDWOOD, FL 34785</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUNLAP, MARIE 905 JENNIFER ST WILDWOOD, FL 34785</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BALL, DAN 918 PAMELA ST. WILDWOOD FL 34785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HUYCK, ROBERT 912 DEBBIE ST. WILDWOOD, FL 34785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MILLER, BESSIE 830 CAROL ST. WILDWOOD, FL 34785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CARMODY, JUDITH ANN 901 PAMEAL ST. WILDWOOD, FL 34785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUYCK, ROBERT 912 DEBBIE ST. WILDWOOD, FL 34785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUNLAP, MARIE 905 JENNIFER ST. WILDWOOD, FL 34785</b>	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE JUDITH ANN CARMODY</b> <i>Judith Ann Carmody</i> <b>352-748-1998</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					