

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07578

FILED
Jan 12, 2009
Secretary of State

Entity Name: PARKWOOD HOME OWNERS ASSOCIATION OF WILDWOOD INC.

Current Principal Place of Business:

900 DEBBIE ST
WILDWOOD, FL 34785 US

New Principal Place of Business:

Current Mailing Address:

900 DEBBIE ST.
WILDWOOD, FL 34785 US

New Mailing Address:

FEI Number: 59-2483433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARMODY, JUDITH A
901 PAMELA STREET
WILDWOOD, FL 34785 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 () Delete
Name: BALL, DAN
Address: 918 PAMELA ST
City-St-Zip: WILDWOOD, FL 34785

Title: VP () Delete
Name: HUYCK, ROBERT
Address: 912 DEBBIE ST
City-St-Zip: WILDWOOD, FL 34785

Title: T () Delete
Name: CARMODY, JUDITH A
Address: 901 PAMELA
City-St-Zip: WILDWOOD, FL 34785

Title: S () Delete
Name: FULLER, MIMI
Address: 902 JENNIFER
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: RUSIA, VIVIAN
Address: 825 CAROL
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: DUNLAP, MARIE
Address: 905 JENNIFER ST
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MITTEN, TOM
Address: 908 LEGION STREET
City-St-Zip: WILDWOOD, FL 34785

Title: VP (X) Change () Addition
Name: MAITLAND, JOHN
Address: 904 LEGION STREET
City-St-Zip: WILDWOOD, FL 34785

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SHIELDS, BOBBI
Address: 820 CAROL STREET
City-St-Zip: WILDWOOD, FL 34785

Title: D (X) Change () Addition
Name: MEADOWS, MARTHA
Address: 823 CAROL STREET
City-St-Zip: WILDWOOD, FL 34785

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDITH A. CARMODY

T

01/12/2009

Electronic Signature of Signing Officer or Director

Date