

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002510

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** VILLAGES OF PARKWOOD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10251-A WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

12265 NE 122ND BLVD  
OXFORD, FL 34484

**Current Mailing Address:**

10251-A WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

12265 NE 122ND BLVD  
OXFORD, FL 34484

**FEI Number:** 26-2941442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TREMATERRA, PETER  
10251-A WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

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

TREMATERRA, PETER  
12265 NE 122ND BLVD  
OXFORD, FL 34484 US

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:

02/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: TREMATERRA, PETER  
Address: 10251-A WEST SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DS ( ) Delete  
Name: HOLL, SCOTT  
Address: 10251-A WEST SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DVP (X) Delete  
Name: PENLEY, JASON  
Address: 10251-A WEST SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: TREMATERRA, PETER  
Address: 12265 NE 122ND BLVD  
City-St-Zip: OXFORD, FL 34484

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

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: PETER TREMATERRA

DPT

02/03/2009

Electronic Signature of Signing Officer or Director

Date