

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90160 037 ****61.25

DOCUMENT # N09790 1. Entity Name PARKWAY VILLAS CONDOMINIUM, INC.					
Principal Place of Business 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 US			Mailing Address 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2845387	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPEZ, MARTIN <input type="checkbox"/> Delete 1880 MURRELL ROAD #G26 ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, MARTIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1880 MURRELL RD #G26 ROCKLEDGE FL 32955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREUND, LOREN <input type="checkbox"/> Delete 2615 PALM LAKE DR MERRITT ISLAND, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FREUND, LORIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2615 PALM LAKE DR MERRITT ISLAND FL 32955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COSTELLO, NICHOLAS <input type="checkbox"/> Delete 1299 TURNBERRY COURT ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHADLER, DANIEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1882 MURRELL RD #P61 ROCKLEDGE FL 32955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLATER, HAROLD L <input checked="" type="checkbox"/> Delete 1882 MURRELL ROAD #J36 ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIPLATZ, RICK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1880 MURRELL RD #D13 ROCKLEDGE FR 32955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'SHEA, SARAH <input type="checkbox"/> Delete 1880 MURRELL RD #C11 ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERO, AURORA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 214 YACHT CLUB LN SEBROOK TX 77588-6205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:			Date 4/17/07 Daytime Phone # 321 449-4030		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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