

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09790

FILED
Mar 16, 2009
Secretary of State

Entity Name: PARKWAY VILLAS CONDOMINIUM, INC.

Current Principal Place of Business:

2180 WEST SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2845387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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: D (X) Delete
Name: LOPEZ, SANTIAGO M
Address: 1880 MURRELL ROAD #G26
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: FREUND, LOREN
Address: 2615 PALM LAKE DR
City-St-Zip: MERRITT ISLAND, FL 32955

Title: STD () Delete
Name: COSTELLO, NICHOLAS
Address: 1299 TURNBERRY COURT
City-St-Zip: ROCKLEDGE, FL 32955

Title: PD () Delete
Name: SLATER, HAROLD L
Address: 1882 MURRELL RD #J36
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD () Delete
Name: HALLOWAY, JESSICA
Address: 1880 MURRELL RD #F24
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: FREUND, LOREN
Address: 2615 PALM LAKE DR
City-St-Zip: MERRITT ISLAND, FL 32955

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

Title: D (X) Change () Addition
Name: SLATER, HAROLD L
Address: 1882 MURRELL RD #J36
City-St-Zip: ROCKLEDGE, FL 32955

Title: PD (X) Change () Addition
Name: HALLOWAY, JESSICA
Address: 1880 MURRELL RD #F24
City-St-Zip: ROCKLEDGE, FL 32955

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: JESSICA HALLOWAY

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date