

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14175

FILED
Apr 28, 2007
Secretary of State

Entity Name: PARKWOOD HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4400 HWY 20 E
SUITE 313
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 5036
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-2673307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, GAYLE
150 PARKWOOD DRIVE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

BLOME, PETE
204 PARKWOOD CIRCLE
NICEVILLE, FL 32578 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: PETE BLOME

04/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDD () Delete
Name: SCHULTZE, LAURA
Address: 141 PARKWOOD DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: VD () Delete
Name: HENNEMANN, GABRIEL
Address: 145 PARKWOOD CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: BLOME, PETER
Address: 204 PARKWOOD CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: STD (X) Delete
Name: PATTERSON, GAYLE
Address: 150 PARKWOOD DR.
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: SCHULTZE, LAURA
Address: 141 PARKWOOD DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: PD (X) Change () Addition
Name: BRIDGE, GLENN
Address: 1545 HICKORY STREET
City-St-Zip: NICEVILLE, FL 32578

Title: TD (X) Change () Addition
Name: BLOME, PETER
Address: 204 PARKWOOD CIRCLE
City-St-Zip: NICEVILLE, FL 32578

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: LAURA SCHULTZE

SD

04/28/2007

Electronic Signature of Signing Officer or Director

Date