

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90041 010 ****70.00

DOCUMENT # N14826

1. Entity Name

PARKWOOD VILLAGE, INC.



Principal Place of Business

**515 MAGNOLIA LANE
WILDWOOD FL 34785
US**

Mailing Address

**515 MAGNOLIA LANE
WILDWOOD FL 34785
US**

50016136



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2828984

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OWELLEN, NORMAN
701 IRONWOOD LANE
WILDWOOD FL 34785**

7. Name and Address of New Registered Agent

Name

Barhorst, Carl

Street Address (P.O. Box Number is Not Acceptable)

708 Ironwood Lane

City

Wildwood

FL

Zip Code

34785

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

Carl Barhorst

Signature, typed or printed name of registered agent and title if applicable

CARL BARHORST, PRESIDENT/DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OWELLEN, NORMAN	
STREET ADDRESS	701 IRONWOOD LANE	
CITY - ST - ZIP	WILDWOOD FL 34785	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOPKO, DANIEL	
STREET ADDRESS	517 IRONWOOD LANE	
CITY - ST - ZIP	WILDWOOD FL 34785	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLISSI, DONNA	
STREET ADDRESS	700 LIVE OAK LANE	
CITY - ST - ZIP	WILDWOOD FL 34785	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COMPO, JOAN	
STREET ADDRESS	612 IRONWOOD LANE	
CITY - ST - ZIP	WILDWOOD FL 34784	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOPKO, PATRICIA	
STREET ADDRESS	605 IRON WOOD LANE	
CITY - ST - ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, CLINT	
STREET ADDRESS	617 MAGNOLIA LANE	
CITY - ST - ZIP	WILDWOOD FL 34785	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barhorst, Carl	
STREET ADDRESS	708 Ironwood Lane	
CITY - ST - ZIP	Wildwood, Fla. 34785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALISSI, DONNA	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	706 LIVE OAK LANE	
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CARL BARHORST Carl Barhorst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-05