

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14826

FILED  
Jan 31, 2009  
Secretary of State

Entity Name: PARKWOOD VILLAGE, INC.

## Current Principal Place of Business:

515 MAGNOLIA LANE  
WILDWOOD, FL 34785 US

## New Principal Place of Business:

## Current Mailing Address:

515 MAGNOLIA LANE  
WILDWOOD, FL 34785 US

## New Mailing Address:

FEI Number: 59-2828984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARHORST, CARL  
708 IRONWOOD LANE  
WILDWOOD, FL 34785 US

## Name and Address of New Registered Agent:

SALERNO, ALFONSO  
704 MAGNOLIA LANE  
WILDWOOD, FL 34785 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: ALFONSO SALERNO

01/31/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BARHORST, CARL  
Address: 708 IRONWOOD ALNE  
City-St-Zip: WILDWOOD, FL 34785

Title: VD ( ) Delete  
Name: SALERNO, AL  
Address: 704 MAGNOLIA LN  
City-St-Zip: WILDWOOD, FL 34785

Title: TD ( ) Delete  
Name: CALISSI, DONNA  
Address: 600 LIVE OAK LN  
City-St-Zip: WILDWOOD, FL 34785

Title: SD ( ) Delete  
Name: JOANNE, POATES  
Address: 515 LIVE OAK LANE  
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete  
Name: KOPKO, PATRICIA  
Address: 605 IRON WOOD LANE  
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete  
Name: PERRY, CLINT  
Address: 706 LIVE OAK LANE  
City-St-Zip: WILDWOOD, FL 34785

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SALERNO, ALFONSO  
Address: 704 MAGNOLIA LANE  
City-St-Zip: WILDWOOD, FL 34785

Title: VD (X) Change ( ) Addition  
Name: LANDERS, MONA  
Address: 612 NORTH DRIVE  
City-St-Zip: WILDWOOD, FL 34785

Title: TD (X) Change ( ) Addition  
Name: BARHORST, JOANN  
Address: 708 IRONWOOD LANE  
City-St-Zip: WILDWOOD, FL 34785

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

Title: D (X) Change ( ) Addition  
Name: CONGDON, JOSIE  
Address: 607 LIVE OAK LANE  
City-St-Zip: WILDWOOD, FL 34785

Title: D (X) Change ( ) Addition  
Name: MESSENGER, DEAN  
Address: 712 LIVE OAK LANE  
City-St-Zip: WILDWOOD, FL 34785

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: ALFONSO SALERNO

PD

01/31/2009

Electronic Signature of Signing Officer or Director

Date