
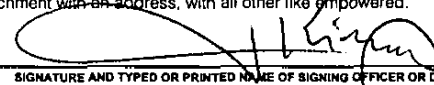


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90027 001 ****61.25

DOCUMENT # N21205			
1. Entity Name THE PARKWAY PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 950 ECHO LANE SUITE 352 HOUSTON, TX 77024		Mailing Address C/O MICHAEL RYAN 215 N. EOLA DR. ORLANDO, FL 32801	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01122006		Chg-NP	CR2E037 (11/05)
4. FEI Number 58-1748568		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RYAN, MICHAEL 215 NORTH EOLA DRIVE ORLANDO, FL		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, 2006		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	PD LOFLAND, TANDY O. <input checked="" type="checkbox"/> Delete 950 ECHO LANE #352 HOUSTON, TX 77024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Siegbert Kindl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2900 Parkway Blvd. Kissimmee, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ADAMS, WILLIAM D. <input checked="" type="checkbox"/> Delete 950 ECHO LANE #352 HOUSTON, TX 77024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Randy Kirkwood <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 827 Thornton Ave. Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOLE, SUZANNE P <input type="checkbox"/> Delete 827 N THORNTON AVE ORLANDO, FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: 		2/6/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

ATTACHMENT

40013017

#N21203
215 NORTH EOLA DRIVE
ORLANDO, FLORIDA 32801

450 SOUTH ORANGE AVENUE, SUITE 800
ORLANDO, FLORIDA 32801

LOWNDES
DROSDICK
DOSTER
KANTOR &
REED, P.A.

Attorneys at Law

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TEL.: 407-843-4600 / FAX: 407-843-4444
www.lowndes-law.com

GAIL S. ANDRÉ
PARALEGAL, CORPORATE DEPARTMENT
North Eola Drive Office
Direct Dial: (407) 418-6203
E-mail: gail.andre@lowndes-law.com

February 8, 2006

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7005 1820 0003 0102 1312

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

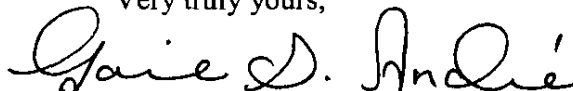
**Re: 2006 Not-For-Profit Corporation Annual Report
The Parkway Property Owners' Association, Inc.**

Dear Sir/Madam:

Enclosed herewith for filing please find an executed 2006 Not-For-Profit Corporation Annual Report for The Parkway Property Owners' Association, Inc., together with our client's check number 3810 payable to the Florida Department of State in the amount of \$61.25 representing the filing fee.

Thank you for your assistance in this matter.

Very truly yours,



Gail S. André
Corporate Paralegal to
Michael A. Ryan

GSA/cj
Enclosures
0005595/026479/722603/28

c: Mr. Siegbert Kindl (w/enclosures)
Michael A. Ryan, Esquire