## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N21205

FILED Jan 15, 2009 Secretary of State

Entity Name: THE PARKWAY PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

950 ECHO LANE 2900 PARKWAY BLVD SUITE 352 KISSIMMEE, FL 34747 HOUSTON, TX 77024

**Current Mailing Address: New Mailing Address:** 

C/O MICHAEL RYAN 215 N. EOLA DR. ORLANDO, FL 32801

FEI Number: 58-1748568 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RYAN, MICHAEL 215 NORTH EOLA DRIVE ORLANDO, FL

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete KINDL, SIEGBERT MR JEFF, DIXON MR Name: Name: 2900 PKWY BLVD Address: 3111 ARABIAN KNIGHTS BLVD Address:

City-St-Zip: KISSIMMEE, FL 34747 City-St-Zip: KISSIMMEE, FL 34747

Title: () Delete Title: STD (X) Change ( ) Addition Name: KIRKWOOD, RANDY MR Name: ERNESTO, HALLARE MR Address: 827 THORNTON AVE Address: 2900 PARKWAY BLVD City-St-Zip: ORLANDO, FL 32803 City-St-Zip: KISSIMMEE, FL 34747

Title: VD () Delete Title: (X) Change ( ) Addition SOLE, SUZANNE P Name: CHERYL, BELLACICCO MS Name: 827 N THORNTON AVE Address: Address: 8680 COMMODITY CIRCLE City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32819

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: ERNESTO HALLARE STD 01/15/2009