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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25944

1. Corporation Name

PARKWOOD OAKS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1028 WOODSIDE DR WILDWOOD FL 34785 US	1028 WOODSIDE DR WILDWOOD FL 34785 US

2. Principal Place of Business
21 PARKWOOD OAKS CLUBHOUSE
Suite, Apt. #, etc.
22 1024 LAKESHORE
City & State
23 WILDWOOD FLORIDA
Zip 24 34785 Country 25 U.S.

2a. Mailing Address
26 MICHAEL P. BOSKOVITCH
Suite, Apt. #, etc.
27 1003 DOGWOOD CIRCLE
City & State
28 WILDWOOD FLORIDA
Zip 29 34785 Country 30 U.S.

3. Date Incorporated or Qualified
04/18/1988

4. FEI Number
59-2880551
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JENKINS, ALBERT C.
1028 WOODSIDE DR
WILDWOOD FL 34785

10. Name and Address of New Registered Agent

81 Name: MICHAEL P. BOSKOVITCH
82 Street Address (P.O. Box Number is Not Acceptable): 1003 DOGWOOD CIRCLE
83
84 City: WILDWOOD FL 85 Zip Code: 34785

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Michael P. Boskovitch 3-17-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	JENKINS, ALBERT C.		1.2 NAME	MICHAEL P. BOSKOVITCH	
STREET ADDRESS	1028 WOODSIDE DR		1.3 STREET ADDRESS	1003 DOGWOOD CIRCLE	
CITY-ST-ZIP	WILDWOOD FL		1.4 CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE	D	☑ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	HASSENMAYER, DICK		2.2 NAME	JOHNIE TYCKA	
STREET ADDRESS	1023 ACORN TRAIL		2.3 STREET ADDRESS	1001 DOGWOOD CIRCLE	
CITY-ST-ZIP	WILDWOOD FL		2.4 CITY-ST-ZIP	WILDWOOD, FL. 34785	
TITLE	D	☑ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	PAYEUR, BOB		3.2 NAME	RICHARD RENAUD	
STREET ADDRESS	1016 PALMETTO DRIVE		3.3 STREET ADDRESS	1014 PALMETTO DR.	
CITY-ST-ZIP	WILDWOOD FL		3.4 CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE	D	☑ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	STEIN, GLORIA		4.2 NAME	ROBERT NEISTAND	
STREET ADDRESS	1012 ACORN TRAIL		4.3 STREET ADDRESS	611 SPANISH MOSS	
CITY-ST-ZIP	WILDWOOD FL		4.4 CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE	D	☑ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	COGSWELL, GERRY		5.2 NAME	WILLIAMS TRANBANI	
STREET ADDRESS	1018 LAKESHORE DR		5.3 STREET ADDRESS	1009 CENTURY	
CITY-ST-ZIP	WILDWOOD FL		5.4 CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE		☐ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME			6.2 NAME	KENNETH VANCE	
STREET ADDRESS			6.3 STREET ADDRESS	1004 LAKESHORE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	WILDWOOD, FLA 34785	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] PRESIDENT 1-5 352-748-6176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #