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## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 19, 2001 8:00 am DOCUMENT # N25944 **Secretary of State** 1. Entity Name 03-19-2001 90012 044 \*\*\*\*70.00 PARKWOOD OAKS HOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address MICHAEL P. BOSKOVITCH PARKWOOD OAKS CLUBHOUSE 1024 LAKESHORE 1003 DOGWOOD CIR WILDWOOD FL 34785 WILDWOOD FL 34785 **US** 2. Principal Place of Business 3. Mailing Address/ PALMETTO DR PARKWOOD OAKS CLUBHOUSE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1024 LAKESHORE City & State City & State Applied For. 4: FEI Number 59-2880551 WILDWOOD ORIDA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34785 1. S.A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REASURER Number is Not Acceptable) BOSKOVITCH, MICHAEL P 1003 DOGWOOD CIR WILDWOOD FL 34785 WOOD 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. KENAUD TREASURER Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Change **X** Addition Delete AL JENKINS BOSKOVITCH, MICHAEL P NAME NAME 1028 WOODSIDE DR. 1003 DOGWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WILDWOOD FL 34785 CITY-ST-ZIP WILDWOOD FL 34785 TITLE Delete TITLE ☐ Change ☐ Addition TYCKA, JOHNIE. NAME ... NAME STREET ADDRESS 1001 DOGWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP WILDWOOD FL 34785 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition RENAUD, RICHARD NAME NAME STREET ADDRESS 1014 PALMETTO DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILDWOOD FL 34785 TITLE Delete TIT! F Change X Addition BOB ALLEN' HEISTAND, ROBERT NAME NAME 602 SPANISH MOSS DR. STREET ADDRESS 611 SPANISH MOSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILDWOOD FL 34785 WILDWOOD FL 34785 DELETE TITLE TITLE **Change** Addition LOTTIE OROLOGIO TRANPANI, WILLIAMS NAME 1014 WOODSIDE DR. STREET ADDRESS 1009 CENTURY STREET ADDRESS CITY-ST-ZIP WILDWOOD FL 34785 CITY-ST-ZIP WILDWOOD FL 34785 Change TITLE Delete TITLE ☐ Addition DEADIE, VINCE VINCE, EDDIE NAME NAME) STREET ADDRESS 1002 WOODSIDE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILDWOOD FL 34785 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 fusted empowered to execute this report as regulated by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment wi