

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90021 039 *****61.25

DOCUMENT # N25944

1. Entity Name

PARKWOOD OAKS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

**PARKWOOD OAKS CLUBHOUSE
 1024 LAKESHORE
 WILDWOOD FL 34785
 US**

Mailing Address

**1014 PALMETTO DRIVE
 WILDWOOD FL 34785
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2880551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RENAUD, RICHARD
 1014 PALMETTO DRIVE
 WILDWOOD FL 34785**

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.

SIGNATURE

Richard Renaud

Signature, typed or printed name of registered agent and title if applicable.

Richard Renaud

(NOTE: Registered Agent signature required when reinstating)

01/10/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **JENKINS, AL**
 STREET ADDRESS **1028 WOODSIDE DRIVE**
 CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **TYCKA, JOHNNIE**
 STREET ADDRESS **1001 DOGWOOD CIRCLE**
 CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE ☐ Change ☒ Addition
 NAME **HENRY GRAFF**
 STREET ADDRESS **1023 Dogwood Cir.**
 CITY-ST-ZIP **Wildwood FL 34785**

TITLE **T** ☐ Delete
 NAME **RENAUD, RICHARD**
 STREET ADDRESS **1014 PALMETTO DR**
 CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ALLEN, BOB**
 STREET ADDRESS **602 SPANISH MOSS DRIVE**
 CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **OROLOGIO, LOTTIE**
 STREET ADDRESS **1014 WOODSIDE DRIVE**
 CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE ☐ Change ☒ Addition
 NAME **VP Michael Boskovich**
 STREET ADDRESS **1003 Dogwood Circle**
 CITY-ST-ZIP **Wildwood FL-34785**

TITLE **D** ☒ Delete
 NAME **EADIE, VINCE**
 STREET ADDRESS **1002 WOODSIDE DR.**
 CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE ☐ Change ☒ Addition
 NAME **ROBERT RENAUD**
 STREET ADDRESS **1006 LAKESHORE DR.**
 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 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:

Richard Renaud

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/10/02 **352-330-7136**

CR2E037 (9/01)