

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90004 034 ****70.00

DOCUMENT # *N25944*

1. Entity Name

PARKWOOD OAKS HOME OWNER ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PARKWOOD OAKS CLUBHOUSE

3. Mailing Address

MICHAEL P. BOSKOVITCH

Suite, Apt. #, etc.

1024 LAKE SHORE

Suite, Apt. #, etc.

1003 DOGWOOD CIRCLE

City & State

WILDWOOD, FLORIDA 34785

City & State

WILDWOOD FLORIDA

Zip

34785

Country

U.S.

Zip

34785

Country

U.S.

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54055417

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL P BOSKOVITCH

Street Address (P.O. Box Number is Not Acceptable)

1003 DOGWOOD CIRCLE

City

WILDWOOD

FL

Zip Code

34785

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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

Michael P Boskovitch

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/17/04

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MICHAEL P BOSKOVITCH P 1003 DOGWOOD CIRCLE WILDWOOD FL 34785

TITLE NAME STREET ADDRESS CITY-ST-ZIP
BOB ACTEN V.P. 602 SPANISH MOSS WILDWOOD FL 34785

TITLE NAME STREET ADDRESS CITY-ST-ZIP
TEN VANCE D. 1004 LAKESHORE WILDWOOD FL 34785

TITLE NAME STREET ADDRESS CITY-ST-ZIP
CALVIN NAGLE D 1034 WOODSIDE WILDWOOD FL 34785

TITLE NAME STREET ADDRESS CITY-ST-ZIP
BILL TRANPANI D 1009 CENTURY WILDWOOD FL 34785

TITLE NAME STREET ADDRESS CITY-ST-ZIP
EMILY HASKINS D 1000 LAKE SHORE WILDWOOD FL 34785

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael P Boskovitch* *Michael P Boskovitch* *5/17/04* *3527486176*

CR2E037B (12/02)