

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90046 019 *****70.00

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 MICHAEL P. BOSKOVITCH PARKWOOD OAK 1003 DOGWOOD CIRCLE 1024 LAKESHORE WILDWOOD, FL 34785 WILDWOOD, FL 34785			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01032006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2880551				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSKOVITCH, MICHAEL P 1003 DOGWOOD CIRCLE WILDWOOD, FL 34785			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Michael P. Boskovitch</i> 1-21-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEISLER, ALLEN		NAME		
STREET ADDRESS	1013 ACCRE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NERI, JANE <i>John</i>		NAME		
STREET ADDRESS	1018 DOGWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENAUD, ALICE		NAME		
STREET ADDRESS	1025 LAKESHORE DR		STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMLIN, BRUCE		NAME		
STREET ADDRESS	1024 ACORN TRAIL		STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SERINA, ANDY		NAME	BOB ALLEN	
STREET ADDRESS	1019 DOGWOOD CIRCLE		STREET ADDRESS	602 SPANISH MOSS	
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HASKINS, EMILY		NAME	MAXINE BROCIOS	
STREET ADDRESS	1000 LAKESHORE		STREET ADDRESS	606 AUTUMN LEAF	
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP	WILDWOOD FL 34785	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Michael P. Boskovitch</i> 1-21-06 352-7867 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					