2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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1. Entity Name
PARKWOOD OAKS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PARKWOOD OAKS CLUBHOUSE 1024 LAKESHORE WILDWOOD, FL 34785 US	MICHAEL P BOSKOVITCH 1003 DOGWOOD CIRCLE WILDWOOD, FL 34785 US

01102007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	606 AUTUMN LEAF CIR Suite, Apt. #, etc.
City & State	City & State: WILDWOOD, FL
Zip / Country	Zip: 34785 / Country: USA.

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
BOSKOVITCH, MICHAEL P 1003 DOGWOOD CIRCLE WILDWOOD, FL 34785	Name: ROBERT HACKETT Street Address (P.O. Box Number is Not Acceptable): 606 AUTUMN LEAF CIRCLE City: WILDWOOD FL Zip Code: 34785

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: Robert Hackett 1/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEISLER, ALLEN 1013 ~~ACORN TRAIL~~ ACORN TRAIL WILDWOOD, FL 34785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NERI, JANICE 1018 DOGWOOD CIRCLE WILDWOOD, FL 34785	☑ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBERT HACKETT 606 AUTUMN LEAF CIRCLE WILDWOOD, FL 34785 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RENAUD, ALICE 1025 LAKESHORE DR WILDWOOD, FL 34785	☑ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GERALD ROACH 1016 LAKESHORE DR WILDWOOD, FL 34785 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CAMLIN, BRUCE 1024 ACORN TRAIL WILDWOOD, FL 34785	☑ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOUISE DAVIS 604 SPANISH MOSS DRIVE WILDWOOD, FL 34785 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALLEN, BOB 602 SPANISH MOSS WILDWOOD, FL 34785	☑ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY KLOOSTER 1029 ACORN TRAIL WILDWOOD FL 34785 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROCIOUS, MAXINE 606 AUTUMN LEAF WILDWOOD, FL 34785	☑ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERRY COGSWELL 1018 LAKESHORE DR WILDWOOD, FL 34785 ☐ Change ☑ Addition

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: Robert Hackett ROBERT HACKETT 1/30/07 3523300730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #