2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State
02-07-2008 90020 006 ****70.00

DOCUMENT # N25944

1. Entity Name

PARKWOOD OAKS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PARKWOOD OAKS CLUBHOUSE 1024 LAKESHORE WILDWOOD FL 34785 US	606 AUTUMN LEAF CIRCLE WILDWOOD FL 34785 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	1003 Dogwood Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Wildwood, FL 34785
Zip / Country	Zip / Country: Sumter

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
HACKETT, ROBERT 606 AUTUMN LEAF CIRCLE WILDWOOD FL 34785	Name: Michael P. Boskovich Street Address (P.O. Box Number is Not Acceptable): 1003 Dogwood 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: Michael P Boskovich 1-29-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1; 2008

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 WILDWOOD FL 34785	☐ Delete	TITLE P NAME Michael P. Boskovich STREET ADDRESS 1003 Dogwood Circle CITY-ST-ZIP Wildwood, FL 34785	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HACKETT, ROBERT 606 AUTUMN LEAF TRAIL WILDWOOD FL 34785	☐ Delete	TITLE V.P NAME Andy Serina STREET ADDRESS 1019 Dogwood Circle CITY-ST-ZIP Wildwood FL 34785	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROACH, GERALD 1016 LAKESHORE DR WILDWOOD FL 34785	☐ Delete	TITLE S.D. NAME Connie Holbrook STREET ADDRESS 1012 Woodside CITY-ST-ZIP Wildwood, FL 34785	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAVIS, LOUISE 604 SPANISH MOSS DRIVE WILDWOOD FL 34785	☐ Delete	TITLE TREAS NAME Elizabeth Carreras STREET ADDRESS Spanish Moss CITY-ST-ZIP Wildwood, FL 34785	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLOOSTER, RAY 1029 ACORN TRAIL WILDWOOD FL 34785	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COGSWELL, GERRY 1018 LAKESHORE DR WILDWOOD FL 34785	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Michael P Boskovich 1/29/08 352-748-6176