

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2003 8:00 am**  
**Secretary of State**

07-16-2003 90041 010 \*\*\*\*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

**WILDWOOD-FL**

4. FEI Number **59-2880551**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34785 SUMPTER**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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 **ROBERT J HEITZMAN**

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

**1034 ACORN TRL**

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 J Heitzman Treasurer*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-15-03**

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JENKINS, AL</b>	
STREET ADDRESS	<b>1028 WOODSIDE DRIVE</b>	
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRAFF, HENRY</b>	
STREET ADDRESS	<b>1023 DOGWOOD CIRCLE</b>	
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>RENAUD, RICHARD</b>	
STREET ADDRESS	<b>1014 PALMETTO DR</b>	
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, BOB</b>	
STREET ADDRESS	<b>602 SPANISH MOSS DRIVE</b>	
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BOSKOVITCH, MICHAEL</b>	
STREET ADDRESS	<b>1003 DOGWOOD CIRCLR</b>	
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RENAUD, ROBERT</b>	
STREET ADDRESS	<b>1006 LAKESHORE DRIVE</b>	
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHEL BOSKOVITCH</b>	
STREET ADDRESS	<b>1003 DOGWOOD CIRCLR</b>	
CITY-ST-ZIP	<b>WILDWOOD-FL 34785</b>	
TITLE	<b>R</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNETH VANCE</b>	
STREET ADDRESS	<b>1004 LAKESHORE DR</b>	
CITY-ST-ZIP	<b>WILDWOOD-FL 34785</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT J HEITZMAN</b>	
STREET ADDRESS	<b>1034 ACORN TRL</b>	
CITY-ST-ZIP	<b>WILDWOOD-FL 34785</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOB ALLEN</b>	
STREET ADDRESS	<b>602 SPANISH MOSS DRIVE</b>	
CITY-ST-ZIP	<b>WILDWOOD-FL 34785</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN NERI</b>	
STREET ADDRESS	<b>1018 DOGWOOD CIR</b>	
CITY-ST-ZIP	<b>WILDWOOD-FL 34785</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT RENAUD</b>	
STREET ADDRESS	<b>1006 LAKESHORE DRIVE</b>	
CITY-ST-ZIP	<b>WILDWOOD-FL 34785</b>	

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:

*Robert J Heitzman*

**7-15-03 352-330-2091**

CR2E037 (4/03)