

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # **N26296 (6)**
1. Corporation Name
PARKWAY INTERNATIONAL OWNERS ASSOCIATION, INC.



Principal Place of Business: **6200 SAFARI TRAIL KISSIMMEE, FL 32741**
Mailing Address: ~~6200 SAFARI TRAIL KISSIMMEE, FL 32741~~

3. Date Incorporated or Qualified: **05/05/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2952750**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26 200 South Orange Ave.**
Suite, Apt. #, etc.: **22** Suite **2300**
City & State: **23** **Orlando, FL**
Zip: **24** **32801-3432** Country: **25** Country: **30**

9. Name and Address of Current Registered Agent
**KORSHAK, STEPHEN D.
2345 SAND LAKE RD.
SUITE 100
ORLANDO FL 32809**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADDER, WILLIAM S	1.2 NAME	
STREET ADDRESS	409 S LAKE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON DE	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, JULIE M	2.2 NAME	MYERS, JULIE M
STREET ADDRESS	4721 2ND AVE N	2.3 STREET ADDRESS	4567 28TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	ST PETERSBURG FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSTIC-TREVISON, LISA	3.2 NAME	
STREET ADDRESS	2345 SAND LAKE RD SUITE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, ARTHUR B III	4.2 NAME	400001799784
STREET ADDRESS	3711 DEL PRADO BLVD 9	4.3 STREET ADDRESS	-04/29/96-01114-033
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	***61.25
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MARINIS, VINCENT JR	5.2 NAME	
STREET ADDRESS	117 ROYAL PINE CIRCLE N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

400001799784
-04/29/96-01114-033
***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/29/96** **407-859-8900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)