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May 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N26296 (6)

1. Corporation Name

PARKWAY INTERNATIONAL OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6200 SAFARI TRAIL  
KISSIMMEE, FL 32741

~~300 SOUTH ORANGE AVE.  
SUITE 2000  
ORLANDO FL 32801-3440~~

3. Date Incorporated or Qualified  
05/05/1988

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

2345 SAND LAKE RD.  
~~200 S. Orange Ave~~  
Suite 100  
Orlando, FL  
~~32801-3440~~

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORSHAK, STEPHEN D.  
2345 SAND LAKE RD.  
SUITE 100  
ORLANDO FL 32809

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HADDER, WILLIAM S  
STREET ADDRESS 409 S LAKE DR  
CITY-ST-ZIP MILTON DE  DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  Change  Addition

TITLE VPD  
NAME MYERS, JULIE M  
STREET ADDRESS 4567 28TH AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG FL  DELETE

2.1 TITLE PD  
2.2 NAME MYERS, JULIE M  
2.3 STREET ADDRESS 1802 NORTH 20TH DRIVE  
2.4 CITY-ST-ZIP PHOENIX, AZ 85027  Change  Addition

TITLE SD  
NAME KOSTIC-TREVISON, LISA  
STREET ADDRESS 2345 SAND LAKE RD SUITE 100  
CITY-ST-ZIP ORLANDO FL  DELETE

3.1 TITLE P  
3.2 NAME OTTOMO, J.P.  
3.3 STREET ADDRESS 3015 N. OCEAN BLVD.  
3.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33308  Change  Addition

TITLE TD  
NAME SNYDER, ARTHUR B III  
STREET ADDRESS 3711 DEL PRADO BLVD 9  
CITY-ST-ZIP CAPE CORAL FL  DELETE

4.1 TITLE TSD  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  Change  Addition

TITLE D  
NAME DE MARINIS, VINCENT JR  
STREET ADDRESS 117 ROYAL PINE CIRCLE N  
CITY-ST-ZIP ROYAL PALM BEACH FL  DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

6.1 TITLE VADROMAN, ROBERT  
6.2 NAME  
6.3 STREET ADDRESS 4816 COREY ROAD  
6.4 CITY-ST-ZIP TOLEDO, OHIO 43623  Change  Addition

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015913

*Arthur B Snyder III*  
4/12/97

CR2E037 (9/96)