


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N26296
 1. Entity Name
PARKWAY INTERNATIONAL OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
6200 SAFARI TRAIL **8680 COMMODITY CIR**
KISSIMMEE, FL 32741 **ORLANDO, FL 32819 US**

DO NOT WRITE IN THIS SPACE



01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-2952750** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KORSHAK, STEPHEN D ESQ.
8680 COMMODITY CIR
STE 101
ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROMAN, ROBERT
STREET ADDRESS	8680 COMMODITY CIR
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	DP
NAME	MYERS, JULIE M
STREET ADDRESS	8680 COMMODITY CIR
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	D
NAME	PRINCE, DON
STREET ADDRESS	8680 COMMODITY CIR
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	DVP
NAME	DE MARINIS, FRANCES
STREET ADDRESS	8680 COMMODITY CIR
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	STD
NAME	WOOD, ARTHUR JR
STREET ADDRESS	8680 COMMODITY CIR
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000414848
 02/11/06-80056-003 70.00

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 *Stephane Korshak* Date 1-31-06 Daytime Phone # 407-859-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR