

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27305

FILED  
May 17, 2012  
Secretary of State

**Entity Name:** PARKWOOD ISLE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

MIAMI MANAGEMENT, INC.  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

C/O SWIFT MANAGEMENT SOLUTIONS  
1750 N UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071 US

**Current Mailing Address:**

MIAMI MANAGEMENT, INC.  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323 US

**New Mailing Address:**

C/O SWIFT MANAGEMENT SOLUTIONS  
1750 N UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 65-0117307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATZMAN GARFINKEL & BERGER  
5297 W. COPANS RD.  
MARGATE, FL 33063 US

**Name and Address of New Registered Agent:**

SWIFT MANAGEMENT SOLUTIONS  
1750 N UNIVERSITY DRIVE  
SUITE 205  
CORAL SPRINGS, FL 333071 US

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.

SIGNATURE: SWIFT MANAGEMENT

05/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CATANIA, PATRICIA  
Address: 1145 SAWGRASS CORP PKWY  
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: SD  
Name: THOMAS, PEGGY  
Address: 1145 SAWGRASS CORP PKWY  
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: TD  
Name: JOLIE, IDANIA  
Address: 1145 SAWGRASS CORP PKWY  
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: VPD  
Name: PECORINO, PAT  
Address: 10070 SW 16 COURT  
City-St-Zip: DAVIE, FL 33324

Title: D  
Name: RAPP, LEONARD  
Address: 1530 SW 100 TERRACE  
City-St-Zip: DAVIE, FL 33324

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA CATANIA

PD

05/17/2012

Electronic Signature of Signing Officer or Director

Date