

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31612

1. Entity Name

PARKWOOD PLACE HOMEOWNER'S ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90100 006 ****61.25

Principal Place of Business

Mailing Address

1950 BLUEWAER BLVD
P. O. BOX 247
NICEVILLE FL 32578
US

1950 BLUEWATER BLVD.
NICEVILLE FL 32578-3879
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3012969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'NEILL, BILL
404 PARKWOOD PL
NICEVILLE FL 32578

Name

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

City

FL

Zip Code

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.

SIGNATURE

W.S. O'Neill W.S. O'Neill Sec/Trea.

4/27/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARNES, LADONNA	
STREET ADDRESS	414 PARKWOOD PL	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, BILL	
STREET ADDRESS	331 PARKWOOD PL	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'NEILL, BILL	
STREET ADDRESS	404 PARKWOOD PL	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, DAVID W	
STREET ADDRESS	414 PARKWOOD PL	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Williams	
STREET ADDRESS	331 Parkwood Place	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill O'Neill	
STREET ADDRESS	404 Parkwood Place	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dave Patterson	
STREET ADDRESS	317 Parkwood Place	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

W.S. O'Neill W.S. O'Neill, Sec/Trea.

4/27/00

(850) 897-3613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)