

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31612

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** PARKWOOD PLACE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 HWY 20 E  
STE 313  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5036  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 59-3012969

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, BILL  
331 PARKWOOD PLACE  
NICEVILLE, FL 32578 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: WILLIAMS, BILL  
Address: 331 PARKWOOD PL  
City-St-Zip: NICEVILLE, FL 32578

Title: SD ( ) Delete  
Name: PALYASH, NEIL  
Address: 416 PARKWOOD PL  
City-St-Zip: NICEVILLE, FL 32578

Title: PD ( ) Delete  
Name: PATTERSON, DAVE  
Address: 317 PARKWOOD PLACE  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: PHILLIPS, WAYNE  
Address: 309 PARKWOOD PLACE  
City-St-Zip: NICEVILLE, FL 32578

Title: VPD ( ) Delete  
Name: WALLING, WILLIAM  
Address: 305 PARKWOOD PLACE  
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Delete  
Name: CORLEY, JOHN  
Address: 328 PARKWOOD PLACE  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: WILLIAMS, BILL  
Address: 331 PARKWOOD PL  
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Change ( ) Addition  
Name: EDERER, JOE  
Address: 416 PARKWOOD PL  
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CORLEY, JOHN  
Address: 328 PARKWOOD PLACE  
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVE PATTERSON

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date