

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31612

FILED
May 01, 2008
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, BILL
331 PARKWOOD PLACE
NICEVILLE, FL 32578 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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

VPD

05/01/2008

Electronic Signature of Signing Officer or Director

Date