

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31612

**FILED**  
**Apr 24, 2010**  
**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: STD  
Name: WILLIAMS, BILL  
Address: 331 PARKWOOD PL  
City-St-Zip: NICEVILLE, FL 32578

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

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

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: BILL WILLIAMS

TSD

04/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date