


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90171 016 \*\*\*\*61.25

<b>DOCUMENT # N36884</b> 1. Entity Name <b>PARKWOOD ESTATES PROPERTY OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>4400 HWY 20 EAST SUITE 313 NICEVILLE, FL 32578 US</b>	Mailing Address <b>P O BOX 5263 NICEVILLE, FL 32578 US</b>
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2. Principal Place of Business - No P.O. Box # <b>905 lauderhill lane</b>	3. Mailing Address <b>905 lauderhill lane</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Fort Walton Beach, FL</b>	City & State <b>Fort Walton Beach, FL</b>
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Zip <b>32517</b>	Country <b>USA</b>	Zip <b>32517</b>	Country <b>USA</b>
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04182008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>LANDSBERGER, DARLANE 4400 HWY 20 EAST SUITE 313 NICEVILLE, FL 32578</b>	Name <b>Chris Brannon</b> Street Address (P.O. Box Number is Not Acceptable) <b>905 lauderhill lane</b> City <b>Fort Walton Bch, FL</b> Zip Code <b>32517</b>
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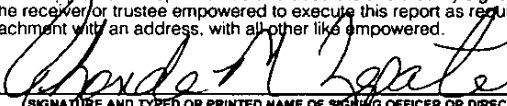
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOOVER, DICK 1652 PARKSIDE CIRCLE NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLD, ALLAN 1630 PARKSIDE CIRCLE NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAPATA, RHONDA 1764 OSPREY COVE NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'NEAL, KEVIN 4559 NORTHRIDGE PLACE NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **4/29/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #