

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40138

FILED
Apr 25, 2006
Secretary of State

Entity Name: PARKWOOD LANE AT BLUEWATER BAY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 5062-BWB
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 5062-BWB
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-3029693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHEN, SADOWSKI
4534 PARKWOOD LN EAST
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: D () Delete
Name: HOWARD, MERCHANT
Address: 4507 PARKWOOD LN WEST
City-St-Zip: NICEVILLE, FL 32578

Title: VPD () Delete
Name: THRASHER, JIM
Address: 4528 PARKWOOD LANE EAST
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: SADOWSKI, MARTA
Address: 4534 PARKWOOD LNE EAST
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: SADOWSKI, STEPHEN
Address: 4534 PARKWOOD LN EAST
City-St-Zip: NICEVILLE, FL 32578

Title: PD () Delete
Name: BLYTHE, LINDA
Address: 4500 PARKWOOD LANE WEST
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOWARD, MERCHANT
Address: 4507 PARKWOOD LN WEST
City-St-Zip: NICEVILLE, FL 32578

Title: VPD (X) Change () Addition
Name: ARNOLD, ANNA
Address: 4528 PARKWOOD LANE EAST
City-St-Zip: NICEVILLE, FL 32578

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

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

Title: D (X) Change () Addition
Name: SCAMAHORN, BETTY
Address: 4497 PARKWOOD LANE WEST
City-St-Zip: NICEVILLE, FL 32578

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: STEVE SADOWSKI

TD

04/25/2006

Electronic Signature of Signing Officer or Director

Date