2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# N40138

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:

4400 HIGHWAY 20 SUITE 313
NICEVILLE, FL 32578

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: SADOWSKI, STEPHEN
Address: 4534 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: ( ) 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: ANNA ARNOLD PD 04/28/2007

Electronic Signature of Signing Officer or Director — Date