

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46253

FILED
Apr 17, 2007
Secretary of State

Entity Name: PARKWAY VILLAGE OF CHOKOLOSKEE ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1180 CHOKOLOSKEE DR
CHOKOLOSKEE, FL 34138 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10579
NAPLES, FL 34101 US

New Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMiami TRAIL E.
NAPLES, FL 34113 US

FEI Number: 65-0268803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
COLLIER FINANCIAL INC
4985 E TAMiami TRAIL
NAPLES, FL 34113 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: VD () Delete
Name: HITCHCOCK, BRUCE
Address: P.O. BOX 841
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: DTS () Delete
Name: CARR, KAREN
Address: P.O. BOX 755
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: D () Delete
Name: STONER, JAMES D
Address: 7481 NW 7TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: D () Delete
Name: BARKUS, BERT
Address: 511 STEPHANIE LANE
City-St-Zip: JEFFERSON, GA 30549

Title: PD () Delete
Name: PEEPLES, GARY
Address: 3227 ASTORIA AVE
City-St-Zip: SEBRING, FL 33872

Title: AT (X) Delete
Name: HART, STEPHEN
Address: 4985 E TAMiami TRL
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSD (X) Change () Addition
Name: HITCHCOCK, BRUCE
Address: P.O. BOX 841
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: D (X) Change () Addition
Name: PAYNE, JOHN
Address: 830 US 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852

Title: VD (X) Change () Addition
Name: STONER, JAMES D
Address: 7481 NW 7TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: D (X) Change () Addition
Name: CASELEY, JUDITH
Address: 1180 CHOKOLOSKEE DR
City-St-Zip: CHOKOLOSKEE, FL 34138

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 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: GARY PEEPLES

PD

04/17/2007

Electronic Signature of Signing Officer or Director

Date