2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N46253

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:

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

New Mailing Address:

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 TAMIANI 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:	MURRAY, ROGER	
Address:	P.O. BOX 841	
City-St-Zip:	CHOKOLOSKEE, FL 34138	
Title:	D	( ) Delete
Name:	PAYNE, JOHN	
Address:	830 US 27 SOUTH	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	STD	( ) Delete
Name:	STONER, JAMES D	
Address:	7481 NW 7TH COURT	
City-St-Zip:	FORT LAUDERDALE, FL 33331	
Title:	D	(X) Delete
Name:	REARK, MICHAEL	
Address:	1180 CHOKOLOSKEE DR	
City-St-Zip:	CHOKOLOSKEE, FL 34138	
Title:	PD	( ) Delete
Name:	PEEPLES, GARY	
Address:	3227 ASTORIA AVE	
City-St-Zip:	SEBRING, FL 33872	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	LITTLE, DALE	
Address:	1608 NE 35TH ST	
City-St-Zip:	OAKLAND PARK, FL 33334	

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: GARY PEEPLES PD 04/17/2009

Electronic Signature of Signing Officer or Director — Date