

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46253

FILED
Apr 07, 2011
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:

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 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
Name: MURRAY, ROGER
Address: P.O. BOX 841
City-St-Zip: CHOKOLOSKEE, FL 34138

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

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

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

Title: D
Name: ORNER, DONNA
Address: P.O. BOX 659
City-St-Zip: CHOKOLOSKEE, FL 34138

I hereby 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 all other like empowered.

SIGNATURE: GARY PEEPLES

PD

04/07/2011

Electronic Signature of Signing Officer or Director

Date