

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48005

FILED
Mar 20, 2007
Secretary of State

Entity Name: PARKWAY MEADOWS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3113525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: MIRABITO, ANTHONY F
Address: 3498 SADDLE BROOK DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: VPD () Delete
Name: GRANT, STEVE
Address: 3468 SADDLE BROOK DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: SD () Delete
Name: URIE, JEAN
Address: 3368 LAKE VIEW CIRCLE
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: LEMOS, MARK
Address: 3416 LAWN BROOK CT
City-St-Zip: MELBOURNE, FL 32934

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: SILVA, CHARLES
Address: 3330 LAKE VIEW CIR
City-St-Zip: MELBOURNE, FL 32934

Title: SD (X) Change () Addition
Name: ROGERS, LARRY
Address: 3441 SADDLE BROOK DR
City-St-Zip: MELBOURNE, FL 32934

Title: TD (X) Change () Addition
Name: VANEK, ERIC
Address: 3504 CORDGRASS CT
City-St-Zip: MELBOURNE, FL 32934

Title: D () Change (X) Addition
Name: JONES, CATHERINE
Address: 3453 SADDLE BROOK DR
City-St-Zip: MELBOURNE, FL 32934

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: ANTHONY MIRABITO

PD

03/20/2007

Electronic Signature of Signing Officer or Director

Date