

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48005

FILED  
Mar 14, 2008  
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 (X) Delete  
Name: SILVA, CHARLES  
Address: 3330 LAKE VIEW CIR  
City-St-Zip: MELBOURNE, FL 32934

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

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

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

**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: D (X) Change ( ) Addition  
Name: LEMOS, MARK  
Address: 3416 LAWN BROOK CT  
City-St-Zip: MELBOURNE, FL 32934

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: ANTHONY MIRABITO

PD

03/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date