

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001977 (8)**

1. Corporation Name

**PARKWOOD SQUARE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

1270 NORTH EGLIN PARKWAY  
SUITE C  
SHALIMAR FL 32579

Mailing Address

PO BOX 857  
SHALIMAR FL 32579  
US

3. Date Incorporated or Qualified  
**04/30/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**59-3193499**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEUKENKAMP, FELIX A  
1270 NORTH EGLIN PARKWAY  
SUITE C  
SHALIMAR FL 32579**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DP	BEUKENKAMP, FELIX A	1270 N. EGLIN PKWY, SUITE C	SHALIMAR FL 32579	<input checked="" type="checkbox"/>
DV	MYERS, ROGER	1041 JOHN SIMS PARKWAY	NICEVILLE FL 32578	<input checked="" type="checkbox"/>
DST	CASSADY, PAUL E	1041 JOHN SIMS PARKWAY	NICEVILLE FL 32578	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Change	Addition
1.1 TITLE <b>DP PRESIDENT - DP</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME <b>RANDAL BRIGHT</b>		
1.3 STREET ADDRESS <b>4507 PARKWOOD SQUARE</b>		
1.4 CITY - ST - ZIP <b>NICEVILLE, FL 32578</b>		
2.1 TITLE <b>DV VICE-PRESIDENT - DV</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME <b>LELAND CRENSHAW</b>		
2.3 STREET ADDRESS <b>4473 PARKWOOD SQUARE</b>		
2.4 CITY - ST - ZIP <b>NICEVILLE, FL 32578</b>		
3.1 TITLE <b>DS SECRETARY</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME <b>SAM ELLSWORTH</b>		
3.3 STREET ADDRESS <b>4509 PARKWOOD SQUARE</b>		
3.4 CITY - ST - ZIP <b>NICEVILLE, FL 32578</b>		
4.1 TITLE <b>DT TREASURER</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME <b>NADINE HUBLE</b>		
4.3 STREET ADDRESS <b>4451 PARKWOOD SQUARE</b>		
4.4 CITY - ST - ZIP <b>NICEVILLE, FL 32578</b>		
5.1 TITLE <b>D DIRECTOR</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME <b>DANIEL SACHER</b>		
5.3 STREET ADDRESS <b>4470 PARKWOOD SQUARE</b>		
5.4 CITY - ST - ZIP <b>NICEVILLE, FL 32578</b>		
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *E. Nadine Huble*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**NADINE HUBLE, DIRECTOR**

4-22-96 Date  
904-897-7067 Daytime Phone #

CR2E037 (12/95)