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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

1270 NORTH EGLIN PARKWAY
SUITE C
SHALIMAR FL 32579

PO BOX 857
SHALIMAR FL 32579-0857
US

3. Date incorporated or Qualified
04/30/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

25 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 restating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P DELETE
NAME BRIGHT, RANDAL
STREET ADDRESS 4507 PARKWOOD SQUARE
CITY-ST-ZIP NICEVILLE FL 32578

1.1 TITLE DIRECTOR PRESIDENT Change Addition
1.2 NAME HEWITT, ROBERT
1.3 STREET ADDRESS 4503 PARKWOOD SQUARE
1.4 CITY-ST-ZIP NICEVILLE, FL 32578

TITLE D/V DELETE
NAME CRENSHAW, LELLAND
STREET ADDRESS 4507 PARKWOOD SQUARE
CITY-ST-ZIP NICEVILLE FL 32578

2.1 TITLE Director Change Addition
2.2 NAME BROOKS, BETTY
2.3 STREET ADDRESS 4468 PARKWOOD SQUARE
2.4 CITY-ST-ZIP NICEVILLE, FL 32578

TITLE D/S DELETE
NAME ELLSWORTH, SAM
STREET ADDRESS 4507 PARKWOOD SQUARE
CITY-ST-ZIP NICEVILLE FL 32578

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D/T DELETE
NAME HUBBLE, NADINE
STREET ADDRESS 4507 PARKWOOD SQUARE
CITY-ST-ZIP NICEVILLE FL 32578

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME SPEYER, DANIEL
STREET ADDRESS 4507 PARKWOOD SQUARE
CITY-ST-ZIP NICEVILLE FL 32578

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *S. Mortham* UNRECORDED

2-24-97

897-7067

CR2E037 (9/96)