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FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/30/1993	
4. FEI Number 59-3193499	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	85 FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	HEWITT, ROBERT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD
NAME			1.2 NAME CHRISTOPHER, JOHN J.
STREET ADDRESS 4523 PARKWOOD SQUARE			1.3 STREET ADDRESS 4521 PARKWOOD SQUARE
CITY-ST-ZIP NICEVILLE FL			1.4 CITY-ST-ZIP NICEVILLE, FL 32578
TITLE D	BROOKS, BETTY	<input type="checkbox"/> DELETE	2.1 TITLE VD
NAME			2.2 NAME STARCK, NEIL
STREET ADDRESS 4488 PARKWOOD SQUARE			2.3 STREET ADDRESS 4505 PARKWOOD SQUARE
CITY-ST-ZIP NICEVILLE FL			2.4 CITY-ST-ZIP NICEVILLE, FL 32578
TITLE DT	HUBBLE, NADINE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TT
NAME			3.2 NAME DE LA CANTERA, ERNESTO L.
STREET ADDRESS 4507 PARKWOOD SQUARE			3.3 STREET ADDRESS 4504 PARKWOOD SQUARE
CITY-ST-ZIP NICEVILLE FL 32578			3.4 CITY-ST-ZIP NICEVILLE, FL 32578
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE ST
NAME			4.2 NAME WALTON, WILLIAM S.
STREET ADDRESS			4.3 STREET ADDRESS 4519 PARKWOOD SQUARE
CITY-ST-ZIP			4.4 CITY-ST-ZIP NICEVILLE, FL 32578
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

14. I 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 in the attachment with an address.

SIGNATURE: *[Signature]* **2/17/98** **904-897-6848**

CF2E037 (10/97)