


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90045 033 \*\*\*\*61.25

0080082

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N93000001977**

1. Corporation Name  
**PARKWOOD SQUARE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business 1270 NORTH EGLIN PARKWAY SUITE C SHALIMAR FL 32579	Mailing Address <del>PO BOX 057</del> <del>SHALIMAR FL 32579</del> US
---	--



2. Principal Place of Business 21	2a. Mailing Address 26 <b>PO Box 5154</b>	3. Date Incorporated or Qualified <b>04/30/1993</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-3193499</b>
City & State 23	City & State <b>Niceville, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country <b>US</b>	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>BEUKENKAMP, FELIX A 1270 NORTH EGLIN PARKWAY SUITE C SHALIMAR FL 32579</b>	10. Name and Address of New Registered Agent 81 Name <b>BERT MOORE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1150 JOHN SEMS PARKWAY</b> 83 84 City <b>NICEVILLE</b> FL 85 Zip Code <b>32578</b>
--	--

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 *Bert Moore* **BERT MOORE** DATE **3/24/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHRISTOPHER, JOHN J.</b>		1.2 NAME <b>ROBERT WALLACE</b>	
STREET ADDRESS <b>4521 PARKWOOD SQUARE</b>		1.3 STREET ADDRESS <b>4500 PARKWOOD SQUARE</b>	
CITY-ST-ZIP <b>NICEVILLE FL 32578</b>		1.4 CITY-ST-ZIP <b>NICEVILLE, FL 32578</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROOKS, BETTY</b>		2.2 NAME <b>RALPH BANCAS</b>	
STREET ADDRESS <b>4468 PARKWOOD SQUARE</b>		2.3 STREET ADDRESS <b>4493 PARKWOOD SQUARE</b>	
CITY-ST-ZIP <b>NICEVILLE FL</b>		2.4 CITY-ST-ZIP <b>NICEVILLE, FL 32578</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STARCK, NEIL</b>		3.2 NAME <b>GLENN RAGSDALE</b>	
STREET ADDRESS <b>4505 PARKWOOD SQUARE</b>		3.3 STREET ADDRESS <b>4466 PARKWOOD SQUARE</b>	
CITY-ST-ZIP <b>NICEVILLE FL 32578</b>		3.4 CITY-ST-ZIP <b>NICEVILLE, FL 32578</b>	
TITLE <b>TT</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DE LA CANTERA, ERNESTO L.</b>		4.2 NAME	
STREET ADDRESS <b>4504 PARKWOOD SQUARE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>NICEVILLE FL 32578</b>		4.4 CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WALTON, WILLIAM S.</b>		5.2 NAME	
STREET ADDRESS <b>4519 PARKWOOD SQUARE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>NICEVILLE FL 32578</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ernesto Requiza Cantera* **ERNESTO REQUIZA CANTERA** DATE **22 MAR 99** (850) 897-0191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)