

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001977

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** PARKWOOD SQUARE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1270 NORTH EGLIN PARKWAY  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5154  
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:** 59-3193499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOWMAN, BRUCE J  
4481 LEGENDARY DRIVE  
SUITE #200  
DESTIN, FL 32541 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: P ( ) Delete  
Name: WALLACE, GAYLE C  
Address: 4500 PARKWOOD SQUARE  
City-St-Zip: NICEVILLE, FL 32578

Title: VP ( ) Delete  
Name: OSBORNE, KENNITH P  
Address: 4523 PARKWOOD SQUARE  
City-St-Zip: NICEVILLE, FL 32578

Title: T ( ) Delete  
Name: BANEGAS, RALPH  
Address: 4493 PARKWOOD SQUARE  
City-St-Zip: NICEVILLE, FL 32578

Title: S ( ) Delete  
Name: FOWLER, SARAH C  
Address: 4473 PARKWOOD SQUARE  
City-St-Zip: NICEVILLE, FL 32578

**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: S (X) Change ( ) Addition  
Name: ALLMOND, MARCIA H  
Address: 4457 PARKWOOD SQUARE  
City-St-Zip: NICEVILLE, FL 32578

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: GAYLE C. WALLACE

P

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date