

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000001977

FILED
Jan 15, 2003
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:

MOORE, BERT
4677 E. HWY 20
SUITE #1
NICEVILLE, FL 32578 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: PD () Delete
Name: SADESKI, JOHN T
Address: 4497 PARKWOOD SQ
City-St-Zip: NICEVILLE, FL 32578

Title: VD () Delete
Name: BARNETT, JANET
Address: 4483 PARKWOOD SQUARE
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: MOHAMMED, MAQSOOD
Address: 4462 PARKWOOD SQUARE
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: BURRELL, JULIE
Address: 4481 PARKWOOD SQUARE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: VAN LAEYS, VINCENT
Address: 4518 PARKWOOD SQUARE
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN T. SADESKI

PD

01/15/2003

Electronic Signature of Signing Officer or Director

_____ Date