FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004588 (0)

1. Corporation Name

PARKWOOD MOBILE HOMEOWNERS ASSOCIATION OF PORT O
RANGE, FL. INC.

Principal Place of Business	Mailing Address
270 PALM CASTLE DR. PORT ORANGE FL 32127	270 PALM CASTLE DR. PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3210403	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOREEN, W. RICHARD ESQ. SOUTHERN BANK BLDG. STE. #280 919 W. STATE RD., #436 ALTAMONTE SPRINGS FL 32714	81 Name: Thoreen, W. Richard Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 116 E. Altamonte Dr. 83 84 City: Altamonte Springs FL 85 Zip Code: 32701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KARRICK, TOM	12 NAME	
STREET ADDRESS	270 PALM CASTLE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	VD ☐ Change ☐ Addition
NAME	IMBIMBO, BILL	22 NAME	Donna Taylor
STREET ADDRESS	191 LOQUAT	23 STREET ADDRESS	354 Kumquat Ln.
CITY-ST-ZIP	PORT ORANGE FL 32127	24 CITY-ST-ZIP	Port Orange, Fl. 32127
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	BURKE, PATRICIA F	32 NAME	
STREET ADDRESS	240 PALM CASTLE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	DT ☐ Change ☐ Addition
NAME	HURST, SHIRLEY	42 NAME	Lavelle Owen
STREET ADDRESS	258 PALM CASTLE DR.	43 STREET ADDRESS	388 Palm Castle Dr.
CITY-ST-ZIP	PORT ORANGE FL 32127	44 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	DM	51 TITLE	DM ☐ Change ☐ Addition
NAME	OWEN, LAVELL	52 NAME	Diana Radnow
STREET ADDRESS	388 PALM CASTLE DR.	53 STREET ADDRESS	354 Kumquat Ln.
CITY-ST-ZIP	PORT ORANGE FL 32127	54 CITY-ST-ZIP	Port Orange, Fl. 32127
TITLE	DM	61 TITLE	☐ Change ☐ Addition
NAME	IMBIMBO, PAM	62 NAME	William Burke
STREET ADDRESS	191 LOQUAT	63 STREET ADDRESS	240 Palm Castle Dr
CITY-ST-ZIP	PORT ORANGE FL 32127	64 CITY-ST-ZIP	Port Orange, Fl. 32127

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: P. Patricia Burke, Secty — April 28, 1995 — (904) 788-1523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023706