

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**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**

3. Date incorporated or Qualified **10/11/1993** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number <b>59-3210403</b>	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
22	23	27	28	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
	City & State		City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Zip		Country			

**9. Name and Address of Current Registered Agent**

**THOREEN, W. RICHARD ESQ.  
SOUTHERN BANK BLDG. STE. #280  
116 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS FL 32701**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KARRICK, TOM 270 PALM CASTLE DR. PORT ORANGE FL 32127	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD TAYLOR, DONNA 354 KUMQUAT LANE PORT ORANGE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS BURKE, PATRICIA F 240 PALM CASTLE DR. PORT ORANGE FL 32127	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DT OWEN, LAVELL 388 PALM CASTLE DRIVE PORT ORANGE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DM RADNOW, DIANA 354 KUMQUAT LN PORT ORANGE FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DM BURKE, WILLIAM 240 PALM CASTLE DRIVE PORT ORANGE FL	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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

1/21/96 767-1206  
Date Day/Time Phone #

CR2E037 (12/95)