

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**

**270 PALM CASTLE DR.
PORT ORANGE FL 32127**

3. Date Incorporated or Qualified
10/11/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3210403

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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Zip Country

Zip Country

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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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
116 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

☐ DELETE

☐ Change ☐ Addition

TITLE

**PD
KARRICK, TOM
270 PALM CASTLE DR.
PORT ORANGE FL 32127**

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

**VD
TAYLOR, DONNA
354 KUMQUAT LANE
PORT ORANGE FL**

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

**DS
BURKE, PATRICIA F
240 PALM CASTLE DR.
PORT ORANGE FL 32127**

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

**DT
OWEN, LAVELL
388 PALM CASTLE DRIVE
PORT ORANGE FL**

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

**DM
RADNOW, DIANA
354 KUMQUAT LN
PORT ORANGE FL**

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

**DM
BURKE, WILLIAM
240 PALM CASTLE DRIVE
PORT ORANGE FL**

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

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

Date

Daytime Phone #

CR2E037 (12/95)