

FILED
Feb 25 1997 8:00am
Secretary of State


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**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 32127-4855

3. Date Incorporated or Qualified 10/11/1993	3a. Date of Last Report 01/31/1996
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	270 Palm Castle Dr. Suite, Apt #, etc.	26	5506 Palm Place W. Suite, Apt #, etc.	59-3210403		Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State Port Orange, Florida		City & State Port Orange, Florida		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	Zip 32127	25	Country USA	29	Zip 32127	30	Country USA

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	SAME 	81 Name	THOREEN, W. RICHARD ESQ
		82 Street Address (P.O. Box Number is Not Acceptable)	Southern Bank Bldg. STE. # 280
		83	116 E. ALTAMONTE DRIVE
		84 City	Altamonte Springs, FL
		85 Zip Code	32701

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 of agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12.		13.	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KARRICK, TOM 270 PALM CASTLE DR. PORT ORANGE FL 32127	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TAYLOR, DONNA 354 KUMQUAT LANE PORT ORANGE FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BURKE, PATRICIA F 240 PALM CASTLE DR. PORT ORANGE FL 32127	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT OWEN, LAVELL 388 PALM CASTLE DRIVE PORT ORANGE FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DM RADNOW, DIANA 354 KUMQUAT LN PORT ORANGE FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DM BURKE, WILLIAM 240 PALM CASTLE DRIVE PORT ORANGE FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
			DS Brenda K. Burcham 556 Palm Place W. Port Orange, Fl. 32127

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mrs. Brenda R. Buchanan 2-10-97 904-761-7449
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CP2E037 (9/96)