

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
Feb 25 1997 8:00am
Secretary of State

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 32127-4855

3. Date Incorporated or Qualified
10/11/1993

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

21 270 Palm Castle Dr.

2a. Mailing Address

26 556 Palm Place W.

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

23 Port Orange, Florida

27 City & State

28 Port Orange, Florida

Zip

24 32127

Country

25 USA

Zip

29 32127

Country

30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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

SAME →

10. Name and Address of New Registered Agent

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, type 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	<input type="checkbox"/> DELETE
NAME	KARRICK, TOM	
STREET ADDRESS	270 PALM CASTLE DR.	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TAYLOR, DONNA	
STREET ADDRESS	354 KUMQUAT LANE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, PATRICIA F	
STREET ADDRESS	240 PALM CASTLE DR.	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	OWEN, LAVELL	
STREET ADDRESS	388 PALM CASTLE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	DM	<input type="checkbox"/> DELETE
NAME	RADNOW, DIANA	
STREET ADDRESS	354 KUMQUAT LN	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	DM	<input type="checkbox"/> DELETE
NAME	BURKE, WILLIAM	
STREET ADDRESS	240 PALM CASTLE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Brenda K. Burcham
3.3 STREET ADDRESS	556 Palm Place W.
3.4 CITY-ST-ZIP	Port Orange, FL. 32127
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 K Burcham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-97 904-761-7449
Date Daytime Phone 1000260

CR2E037 (9/96)