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**Mar 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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: **270 PALM CASTLE DR. PORT ORANGE FL 32127 US**  
Mailing Address: **270 PALM CASTLE DR. PORT ORANGE FL 32127**

3. Date Incorporated or Qualified: **10/11/1993**  
4. FEI Number: **59-3210403**  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and 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 (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ DATE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PO</b>	NAME: <b>KARRICK, TOM</b>	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>270 PALM CASTLE DR.</b>	CITY-ST-ZIP: <b>PORT ORANGE FL 32127</b>	1.2 NAME:	
TITLE: <b>VD</b>	NAME: <b>TAYLOR, DONNA</b>	1.3 STREET ADDRESS:	
STREET ADDRESS: <b>354 KUMQUAT LANE</b>	CITY-ST-ZIP: <b>PORT ORANGE FL</b>	1.4 CITY-ST-ZIP:	
TITLE: <b>DS</b>	NAME: <b>BURCHAM, BRENDA</b>	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>556 PALM PLACE W.</b>	CITY-ST-ZIP: <b>PORT ORANGE FL</b>	2.2 NAME:	
TITLE: <b>DT</b>	NAME: <b>OWEN, LAVELL</b>	2.3 STREET ADDRESS:	
STREET ADDRESS: <b>388 PALM CASTLE DRIVE</b>	CITY-ST-ZIP: <b>PORT ORANGE FL</b>	2.4 CITY-ST-ZIP:	
TITLE: <b>DM</b>	NAME: <b>RADNOW, DIANA</b>	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>354 KUMQUAT LN</b>	CITY-ST-ZIP: <b>PORT ORANGE FL</b>	3.2 NAME:	
TITLE: <b>DM</b>	NAME: <b>BURKE, WILLIAM</b>	3.3 STREET ADDRESS:	
STREET ADDRESS: <b>240 PALM CASTLE DRIVE</b>	CITY-ST-ZIP: <b>PORT ORANGE FL</b>	3.4 CITY-ST-ZIP:	
		4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME:	<b>TREASURER</b>
		4.3 STREET ADDRESS:	<b>OWEN, MARY</b>
		4.4 CITY-ST-ZIP:	<b>388 Palm Castle Drive</b>
		5.1 TITLE:	<b>PORT ORANGE, FL.</b>
		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME:	<b>BOARD member</b>
		6.3 STREET ADDRESS:	<b>Owen, Lavell</b>
		6.4 CITY-ST-ZIP:	<b>388 Palm Castle Drive</b>
			<b>PORT ORANGE, FL.</b>

14. I 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: \_\_\_\_\_ DATE: **2/21/98** 904 767-1206

CR2E037 (10/97)