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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

Mailing Address

270 PALM CASTLE DR.
PORT ORANGE FL 32127
US

270 PALM CASTLE DR.
PORT ORANGE FL 32127



3. Date Incorporated or Qualified

10/11/1993

4. FEI Number

59-3210403

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KARRICK, TOM
STREET ADDRESS 270 PALM CASTLE DR.
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE VD
NAME TAYLOR, DONNA
STREET ADDRESS 354 KUMQUAT LANE
CITY-ST-ZIP PORT ORANGE FL

TITLE DS
NAME BURCHAM, BRENDA
STREET ADDRESS 556 PALM PLACE W.
CITY-ST-ZIP PORT ORANGE FL

TITLE DT
NAME OWEN, LAVELL
STREET ADDRESS 388 PALM CASTLE DRIVE
CITY-ST-ZIP PORT ORANGE FL

TITLE DM
NAME RADNOW, DIANA
STREET ADDRESS 354 KUMQUAT LN
CITY-ST-ZIP PORT ORANGE FL

TITLE DM
NAME BURKE, WILLIAM
STREET ADDRESS 240 PALM CASTLE DRIVE
CITY-ST-ZIP PORT ORANGE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TREASURER
OWEN, MARY
388 Palm Castle Drive
PORT ORANGE, FL.

BOARD member
Owen, Lavell
388 Palm Castle Drive
PORT ORANGE, FL.

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: *[Signature]*

2/21/98 804 767-1206

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