2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N95000002421

Entity Name: PARKWOOD COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1515 ABACO COVE
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5141
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-3317777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELSCH, LESLIE
1515 ABACO COVE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BIRMINGHAM, KURT
Address: 4512 BOCA DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: DS ( ) Delete
Name: BOWMAN, JOAN
Address: 1507 ABACO COVE
City-St-Zip: NICEVILLE, FL 32578

Title: DT ( ) Delete
Name: WELSCH, LESLIE
Address: 1515 ABACO COVE
City-St-Zip: NICEVILLE, FL 32578

Title: DV ( ) Delete
Name: ECHLING, KATIE
Address: 1506 ABACO COVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE WELSCH DT 03/02/2009
Electronic Signature of Signing Officer or Director Date