

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005104

**FILED**  
**Feb 21, 2024**  
**Secretary of State**  
**9889851066CC**

**Entity Name:** PARKWOOD SQUARE LAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4811 S 76TH ST  
SUITE 211  
GREENFIELD, WI 53220

**Current Mailing Address:**

4811 S 76TH ST  
SUITE 211  
GREENFIELD, WI 53220

**FEI Number: 76-0706826**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REALTY MANAGEMENT CONSULTANTS INC  
2780 E. FOWLER AVE #2004  
TAMPA, FL 33612 US

*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:** REALTY MANAGEMENT CONSULTANTS, INC.

**02/21/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            RIORDAN, S L  
Address        4811 S 76TH ST #211  
City-State-Zip: GREENFIELD WI 53220

Title            VPTD  
Name            BOERKE, NICHOLAS J  
Address        4811 S 76TH ST SUITE 211  
City-State-Zip: GREENFIELD WI 53220

Title            DIRECTOR  
Name            RIORDAN, B R  
Address        4811 S 76TH ST  
                 SUITE 211  
City-State-Zip: GREENFIELD WI 53220

Title            SECRETARY, DIRECTOR  
Name            RIORDAN, S L  
Address        4811 S 76TH ST  
                 SUITE 211  
City-State-Zip: GREENFIELD WI 53220

Title            AUTHORIIZED REPRESENTATIVE  
Name            MILLER, LYNNE M  
Address        4811 S 76TH ST  
                 SUITE 211  
City-State-Zip: GREENFIELD WI 53220

*I hereby 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 all other like empowered.*

**SIGNATURE:** LYNNE M MILLER

**MANAGER**

**02/21/2024**

Electronic Signature of Signing Officer/Director Detail

Date