

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04746

**FILED**  
**Jun 25, 2020**  
**Secretary of State**  
**6550359866CC**

**Entity Name:** PARKWOOD PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3900 SE WALNUT PLACE  
STUART, FL 34997

**Current Mailing Address:**

P.O. BOX 1639  
HOBE SOUND, FL 33475

**FEI Number:** 59-2641845

**Certificate of Status Desired:** No

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

BONAN, ELIZABETH ESQ  
789 SOUTH FEDERAL HIGHWAY  
STE 101  
STUART, FL 34994 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BARBONE, LAURA  
Address        4305 SE TAMARIND STREET  
City-State-Zip: STUART FL 34997

Title           PRESIDENT  
Name           NOLAN, PAUL  
Address        6744 SE AMYRIS CT  
City-State-Zip: STUART FL 34997

Title           VP  
Name           THOMAS, KIM  
Address        4077 SE JACARANDA ST  
City-State-Zip: STUART FL 34997

Title           SECRETARY  
Name           BALLOU, JEAN  
Address        3941 SE WALNUT PLACE  
City-State-Zip: STUART FL 34997

Title           DIRECTOR, OFFICER  
Name           SLAGGERT, PHIL  
Address        4303 SE COCOPLUM PLACE  
City-State-Zip: STUART FL 34997

Title           DIRECTOR, OFFICER  
Name           AVERSANO, CATHY  
Address        4286 SE TAMARIND ST  
City-State-Zip: STUART FL 34997

Title           DIRECTOR, OFFICER  
Name           MENDONCA, CATHY  
Address        3965 SE JACARANDA ST  
City-State-Zip: STUART FL 34997

Title           DIRECTOR, OFFICER  
Name           O'HARA, KATHY  
Address        3952 SE JACARANDA ST  
City-State-Zip: STUART FL 34997

**Continues on page 2**

*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:** KIM THOMAS

VP

06/25/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR, OFFICER  
Name            BRADFORD, JASON  
Address        4241 SE SATINLEAF PLACE  
City-State-Zip: STUART FL 34997