

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04746

**FILED
Apr 30, 2014
Secretary of State
CC8791594726**

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 OFFICER
Name SYLER, DENA
Address 6774 SE RAIN TREE DRIVE
City-State-Zip: STUART FL 34997

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

Title OFFICER
Name ROPELEWSKI, SUE
Address 4106 SE JACARANDA STREET
City-State-Zip: STUART FL 34997

Title OFFICER
Name CLARK, STEVE
Address 6703 SE RAIN TREE DRIVE
City-State-Zip: STUART FL 34997

Title OFFICER
Name JACKSON, JEAN
Address 4078 SE JACARANDA ST
City-State-Zip: STUART FL 34997

Title OFFICER
Name DICKSON, ELLEN
Address 4008 SE JACARANDA ST
City-State-Zip: STUART FL 34997

Title OFFICER
Name REGAN, CHERYL
Address 6664 SE SILVERBELL AVE
City-State-Zip: STUART FL 34997

Title OFFICER
Name BALDINO, SAL
Address 4106 SE PEPPERTREE
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: STEVEN J. CLARK

OFFICER

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name HARTMANN, ROB
Address RAINTREE
City-State-Zip: STUART FL 34997

Title OFFICER
Name DICKSON, ELLEN
Address 4008 SE JACARANDA ST
City-State-Zip: STUART FL 34997

Title OFFICER
Name BALDINO, SAL
Address 4106 SE PEPPERTREE
City-State-Zip: STUART FL 34997

Title OFFICER
Name JACKSON, JEAN
Address 4078 SE JACARANDA ST
City-State-Zip: STUART FL 34997

Title OFFICER
Name REGAN, CHERYL
Address 6664 SE SILVERBELL AVE
City-State-Zip: STUART FL 34997

Title OFFICER
Name HARTMANN, ROB
Address RAINTREE
City-State-Zip: STUART FL 34997