

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04746

**FILED
Jul 01, 2017
Secretary of State
CC0191656096**

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 VP
Name SYLER, DENA
Address 6774 SE RAINTREE DRIVE
City-State-Zip: STUART FL 34997

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

Title TREASURER
Name SYLER, JERRY
Address 6774 SE RAINTREE
City-State-Zip: STUART FL 34997

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

Title PRESIDENT
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 ANDERSON, ANDY
Address 6715 SE RAINTREE
City-State-Zip: STUART FL 34997

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

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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: DENA SYLER

VP

07/01/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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