2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04746

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		Title	OFFICER
Name	SYLER, DENA		Name	ROPELEWSKI, SUE
Address	6774 SE RAINTREE DRIVE		Address	4106 SE JACARANDA STREET
City-State-Zip:	STUART FL 34997		City-State-Zip:	STUART FL 34997
Title	OFFICER		Title	OFFICER
Name	CLARK, STEVE		Name	JACKSON, JEAN
Address	7714 SE HERITAGE BLVD		Address	4078 SE JACARANDA ST
City-State-Zip:	HOBE SOUND FL 33455		City-State-Zip:	STUART FL 34997
Title	OFFICER		Title	OFFICER
Name	DICKSON, ELLEN		Name	REGAN, CHERYL
Address	4008 SE JACARANDA ST		Address	6664 SE SILVERBELL AVE
City-State-Zip:	STUART FL 34997		City-State-Zip:	STUART FL 34997
Title	OFFICER		Title	OFFICER
Name	BALDINO, SAL		Name	HARTMANN, ROB
Address	4106 SE PEPPERTREE		Address	RAINTREE
City-State-Zip:	STUART FL 34997		City-State-Zip:	STUART FL 34997

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   04/28/2016

Electronic Signature of Signing Officer/Director Detail   Date