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: GEOFF SEGEBARTH

Current Principal	Place of Business:

24701 US HIGHWAY 19 N SUITE 102 CLEARWATER, FL 33763

## **Current Mailing Address:**

24701 US HIGHWAY 19 N **SUITE 102** CLEARWATER, FL 33763 US

## FEI Number: 59-1808864

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

LOVETERE, JULIE 24701 US HIGHWAY 19 N SUITE 102 CLEARWATER, FL 33763 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:	E: JULIE LOVETERE			04/19/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PTD	Title	VPSD	
Name	SEGEBARTH, GEOFF	Name	LUBISCO, EVA	
Address	24701 US HIGHWAY 19 N SUITE 102	Address	24701 US HIGHWAY 19 N SUITE 102	
City-State-Zip:	CLEARWATER FL 33763	City-State-Zip:	CLEARWATER FL 33763	

# 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: PARKWOOD SQUARE APARTMENTS ASSOCIATION B, INC.

# DOCUMENT# N0500000048

Certificate of Status Desired: No

PTD

Electronic Signature of Signing Officer/Director Detail



# FILED Apr 19, 2021 Secretary of State 2773378123CC