

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007775

**Entity Name:** BIRCHWOOD PARKWAY COMMUNITY INC.

**Current Principal Place of Business:**

4504 SPRINGVIEW CIRCLE  
LABELLE, FL 33935

**Current Mailing Address:**

4504 SPRINGVIEW CIRCLE  
LABELLE, FL 33935 56

**FEI Number: 46-0765220**

**Certificate of Status Desired: No**

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

HOLLINGSWORTH, JOHN T  
4504 SPRINGVIEW CIRCLE  
LABELLE, FL 33935 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 PD  
Name ZORN, C JACK  
Address 4560 SPRINGVIEW CIRCLE  
City-State-Zip: LABELLE FL 33935

Title VP D  
Name PENN, DIANE K  
Address 2251 FRONTIER CIRCLE  
City-State-Zip: LABELLE FL 33935

Title S D  
Name BASQUIN, JOAN B  
Address PO BOX 1177  
City-State-Zip: LABELLE FL 33975

Title T D  
Name HOLLINGSWORTH, JOHN T  
Address 4504 SPRINGVIEW CIRCLE  
City-State-Zip: LABELLE FL 33935

Title D  
Name FLINT, JOSEPH G  
Address PO BOX 4004  
City-State-Zip: MOORE HAVEN FL 33471

Title D  
Name OWENS, LEON W  
Address PO BOX 2659  
City-State-Zip: LABELLE FL 33975

*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: JOHN T HOLLINGSWORTH**

**TD**

**04/29/2016**

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

\_\_\_\_\_  
Date