

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000003598

**Entity Name:** PARKWOOD SQUARE APARTMENTS, BUILDING A, A  
CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 24, 2024**  
**Secretary of State**  
**1613234224CC**

**Current Principal Place of Business:**

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767

**Current Mailing Address:**

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767 US

**FEI Number: 59-1799300**

**Certificate of Status Desired: No**

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

JIM NOBLES MANAGEMENT INC.  
251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767 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: SHERON NICHOLS**

**01/24/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PTD  
Name BENEDICT, JACQUELYN  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title VPD  
Name FRANK, CRAIG  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title SD  
Name BROWN, JANE  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

*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: JANE BROWN**

**SECRETARY**

**01/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date