

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N26296

**Entity Name:** PARKWAY INTERNATIONAL OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6200 SAFARI TRAIL  
KISSIMMEE, FL 34746

**Current Mailing Address:**

6200 SAFARI TRAIL  
KISSIMMEE, FL 34746 US

**FEI Number:** 59-2952750

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** PAULA WASHBURN

04/30/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KOTOWICH, VICTOR  
Address        5323 MILLENIA LAKES BLVD  
                  SUITE 120  
City-State-Zip: ORLANDO FL 32839

Title            VP  
Name            DE GRAM, JANNIE  
Address        5323 MILLENIA LAKES BLVD  
                  SUITE 120  
City-State-Zip: ORLANDO FL 32839

Title            SECRETARY, TREASURER  
Name            KELLOWAN, SIMONE  
Address        5323 MILLENIA LAKES BLVD  
                  SUITE 120  
City-State-Zip: ORLANDO FL 32839

Title            DIRECTOR  
Name            HARTMAN, SHERI  
Address        5323 MILLENIA LAKES BLVD  
                  SUITE 120  
City-State-Zip: ORLANDO FL 32839

Title            DIRECTOR  
Name            BURNETT, ANDY  
Address        5323 MILLENIA LAKES BLVD  
                  SUITE 120  
City-State-Zip: ORLANDO FL 32839

Title            AUTHORIZED REPRESENTATIVE  
Name            PELOSI, CHERYL  
Address        5323 MILLENIA LAKES BLVD  
                  SUITE 120  
City-State-Zip: ORLANDO FL 32839

*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:** CHERYL PELOSI

**AUTHORIZED  
REPRESENTATIVE**

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date