

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26296

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

**Current Principal Place of Business:**

6200 SAFARI TRAIL  
KISSIMMEE, FL 34746

**FILED**  
**Jan 07, 2019**  
**Secretary of State**  
**4397829846CC**

**Current Mailing Address:**

10600 W CHARLESTON BLVD  
LAS VEGAS, NV 89135 US

**FEI Number: 59-2952750**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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 VP  
Name KOTOWICH, VICTOR  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title SECRETARY, TREASURER  
Name WICKISER, JACKIE  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title PRESIDENT  
Name ENGELAGE, JIM  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title D  
Name ROMAN, BOB  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title DIRECTOR  
Name DEGRAM, JANNIE  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title TREASURER  
Name KELLOWAN, SIMONE  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title SECRETARY  
Name KELLOWAN, SIMONE  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title DIRECTOR  
Name LESLIE GALE  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

*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: SIMONE KELLOWAN**

**SEC/TREASURER**

**01/07/2019**

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

\_\_\_\_\_  
Date