

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31612

**Entity Name:** PARKWOOD PLACE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1571 HICKORY STREET  
NICEVILLE, FL 32578

**Current Mailing Address:**

PO BOX 5036  
NICEVILLE, FL 32578

**FEI Number:** 59-3012969

**Certificate of Status Desired:** No

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

DONALDSON, PATRICIA  
1571 HICKORY STREET  
NICEVILLE, FL 32578 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 TD  
Name MASON, ROBERT  
Address 323 PARKWOOD PL  
City-State-Zip: NICEVILLE FL 32578

Title PRESIDENT  
Name CONNOR, JASON  
Address 317 PARKWOOD PLACE  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name CORLEY, JOHN  
Address 328 PARKWOOD PLACE  
City-State-Zip: NICEVILLE FL 32578

Title SECRETARY  
Name SCHWANTZ, CHRIS  
Address 305 PARKWOOD PLACE  
City-State-Zip: NICEVILLE FL 32578

*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:** JASON CONNOR

**PRESIDENT**

**04/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date