

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

DOCUMENT# N93000001977

**FILED  
Apr 07, 2016  
Secretary of State  
CC1147082668**

**Entity Name:** PARKWOOD SQUARE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 HWY 20 E  
311  
NICEVILLE, FL 32578

**Current Mailing Address:**

4400 HWY 20 E  
311  
NICEVILLE, FL 32578 US

**FEI Number:** 59-3193499

**Certificate of Status Desired:** No

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

LANDSBERGER, DARLANE  
4400 HWY 20 E  
311  
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:** DARLANE LANDSBERGER

04/07/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WALLACE, GAYLE C  
Address 4500 PARKWOOD SQUARE  
City-State-Zip: NICEVILLE FL 32578

Title T, SECRETARY  
Name WALLACE, ROBERT W  
Address 4500 PARKWOOD SQUARE  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name LARSON, ADRIENNE  
Address 4489 PARKWOOD SQUARE  
City-State-Zip: NICEVILLE FL 32578

Title OTHER  
Name LANDSBERGER, DARLANE  
Address P.O. BOX 5263  
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:** DARLANE LANDSBERGER

**REGISTERED AGENT**

04/07/2016

Electronic Signature of Signing Officer/Director Detail

Date