

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR -4 AM 10:22

DOCUMENT # **739679** (9)

1. Corporation Name

**PARKWOODS HOMEOWNERS ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1700 PARK MEADOWS DR. FT MYERS FL 33907  
1700 PARK MEADOWS DR. FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/18/1977** 3a. Date of Last Report **04/12/1994**  
4. FEI Number **59-1891258** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUTT, SARI  
1702-2 PARK MEADOWS DR.  
FT MYERS FL 33907

81 Name **Doug Smith**  
82 Street Address (P.O. Box Number is Not Acceptable) **1710-3 Park Meadows Dr**  
83  
84 City **FT. MYERS** FL 85 Zip Code **33907**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **DOUG SMITH** *Douglas Smith* **3-5-95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	KRUEGER, JOAN
STREET ADDRESS	1708 2 PARK MEADOWS DR
CITY-ST-ZIP	FT. MYERS FL
TITLE	PD
NAME	RUTT, SARI
STREET ADDRESS	1702-2 PARK MEADOWS DR.
CITY-ST-ZIP	FT. MYERS FL
TITLE	SD
NAME	SMITH, DOUG
STREET ADDRESS	1710-3 PARK MEADOWS DR
CITY-ST-ZIP	FT MYERS FL
TITLE	VD
NAME	WALKER, BECKIE R
STREET ADDRESS	1708 2 PARK MEADOWS DR
CITY-ST-ZIP	FT MYERS FL
TITLE	D
NAME	BARKER, WILLIAM
STREET ADDRESS	1712 2 PARK MEADOWS DR
CITY-ST-ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUTT, SARI
2.3 STREET ADDRESS	1702-2 PARK MEADOWS DR
2.4 CITY-ST-ZIP	FT MYERS FL 33907
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SMITH, DOUG
3.3 STREET ADDRESS	1710-3 PARK MEADOWS DR
3.4 CITY-ST-ZIP	FT MYERS FL 33907
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Peter Zehetner
4.3 STREET ADDRESS	2860 Palm Beach Blvd
4.4 CITY-ST-ZIP	FT. MYERS FL. 33916
5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BARKER, WILLIAM
5.3 STREET ADDRESS	1712-2 PARK MEADOWS DR
5.4 CITY-ST-ZIP	FT. MYERS FL 33907
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on this document with an address.

SIGNATURE: *Doug Smith* **DOUG SMITH** **3-5-95** **939-2034**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Notary Public #