FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998		Secretary of State DIVISION OF CORPORATIONS				Secretary of State				
DOCU 1. Corporation	MENT on Name	# 739679) (9	9)						
PARK	WOODS H	IOMEOWNERS ASS	OCIATION, INC	l.			4 1 40 314 4 000 0 41440 40440 8444 4	IE:E :E:: A:P:: A	1811 81811 BIBIL S	11 6 19 818 () 188)
Principal Place of Business Mailing A			Mailing Address				1 santer ingan Heid Ibild Bilet it	1918 1811 BIBLE BI	iBLL MIBLI MISTI M	14971 9 1911 7881
1700 PARK MEADOWS DR. FT MYERS FL 33907			1700 PARK MEADOWS DR. FT MYERS FL 33907				3. Date Incorporated or Qualifie 07/18/1977	ed		
						Ì	4. FEI Number		1 1	pplied For
2. Principal F	Place of Busin	ess	2a, Mailing Addr	988			59-1891258	<u>—</u>		ot Applicable Additional
21			26				5. Certificate of Status Desired		Fee R	equired
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution	· -	\$5.00 Added to	
City & Stat	te		City & State				7. Is this nonprofit corporation	a homeowne		
23		0-1	28		-				□ No	
Zip 24	ŀ	Country 25	Zip	30	ountry		This corporation owes or has Personal Property Tax due J			tangible ⊒ No
9, Name and Address of Current Registered Agent							10. Name and Address of New			
					81 Name	m	ARC B BI	AKEI	२	
DOUG SMITH 1710-3 PARK MEADOW DRIVE					82 Street	Addres	S (P.O. Box Number is Not Acces	otable)	5 04	rive
FT. MYERS FL 33907						~	1 11/1/2 1/1/15	211120 W	<u> </u>	
84 City CY							0		85 Zip	Code
11 Durament	to the provint	one of Cections 617.0503	and 617 1509 Florid	a Ctatutae the	- I - I - I	1 1	MYERS	FL	. 3]	3907
office or I	ga beretziger in reilimet me	ent, or both, in the State o	f Florida. Such chan	ge was authori 1503. Etorida S	zed by the corp	poration	ation submits this statement for the n's board of directors. I hereby ac	cept the ap	pointment as	registered
SIGNATURE	MARC	B BAKER	More	B Bah	<u> </u>			2	2-9	8
12.	Signature, typed	or printed name of registered agent OFFICERS AND		(NOTE: Regist	ered Agent signature	beriuper e	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTOR	RS IN 12
TITLE	TD	0.1.02.07.110			TITLE]	7,551,101.0701.01.02010.01	1021107111	Change	Addition
NAME		ER, JOAN		1.3	2 NAME					
STREET ADDRESS		PARK MEADOWS DR			STREET ADDRESS					
CITY-ST-ZIP TITLE	FT. MYE	no r <u>L</u>	□ DE		I CITY-ST-ZIP I TITLE	-			Change	Addition
NAME	_	RICHARD		2.5	NAME					
STREET ADDRESS		PRK MEADOWS DR.		2.3	STREET ADDRESS					
CITY-ST-ZIP	PD PD	RS FL	DE		4 CHTY - ST - ZIP	PD			Change	Addition
TITLE NAME	SMITH,	DOUG	100 100		NAME	ma	ire B BAKER		•	
STREET ADDRESS		PARK MEADOWS DR			STREET ADDRESS	172	Y - Y PARKMEAP	ius or	, 	
CITY-ST-ZIP	FT. MYE	RS FL			I. CITY-ST-ZIP	FT	MYERS FL	3396	7	
TITLE	VD.		□ D£		TITLE		·		Change	Addition
NAME		iargaret whatley RK meadow dr.			2 NAME					
STREET ADDRESS CITY-ST-ZIP	FT. MYE				STREET ADDRESS					
TITLE	\$D	1015	DE		TITLE	<u> </u>	<u> </u>		Change	Addition
NAME	MARILYN	I BARKER		5.2	NAME	1				
STREET ADDRESS		PARK MEADOWS DR.		5.3	CADELA TOURCEE	[
CITY-ST-ZIP				■	STREET ADDRESS	ı				
	FT. MYE				I CITY-ST-ZIP	_			Change	Addition
TITLE	FT. MYE		☐ DE	LETE 6.º	I CITY-ST-ZIP TITLE				Change	Addition
	FT. MYE		☐ DE	ETE 6.	I CITY-ST-ZIP				Change	☐ Addition

14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 an attachment with an address.

2-2-90

FILED

Feb 09 1998 8:00am

941-275-9361