

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739679

1. Entity Name

PARKWOODS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90004 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1700 PARK MEADOWS DR.  
 FT MYERS FL 33907

1700 PARK MEADOWS DR.  
 FT MYERS FL 33907-3747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1891258

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROUSSARD, JOHN P  
 1708-1 PARK MEADOWS DR.  
 FT MYERS FL 33907

Name

DAVID BISHOP

Street Address (P.O. Box Number is Not Acceptable)

1702-1 PARK MEADOWS DRIVE

FT. MYERS

City

FL

Zip Code

33907

8. 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

2/10/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	KRUEGER, JOAN	
STREET ADDRESS	1706 2 PARK MEADOWS DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MINER, RICHARD	
STREET ADDRESS	1702-1 PRK MEADOWS DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROUSSARD, JOHN P	
STREET ADDRESS	1708-2 PARK MEADOWS DR.	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GABALDON, CANDIE	
STREET ADDRESS	1710-1 PARK MEADOWS DR.	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARILYN BARKER	
STREET ADDRESS	1712-2 PARK MEADOWS DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN JORDON	
STREET ADDRESS	1702-4 PARK MEADOWS DRIVE	
CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID BISHOP	
STREET ADDRESS	1702-1 PARK MEADOWS DRIVE	
CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00  
 Date

941-489-1221  
 Daytime Phone #

CR2E037 (9/99)