

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90141 003 ****61.25

0068905

DOCUMENT # 739679

1. Entity Name

PARKWOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1700 PARK MEADOWS DR.
 FT MYERS FL 33907

Mailing Address

1700 PARK MEADOWS DR.
 FT MYERS FL 33907

B0042803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1891258

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BISHOP, DAVID
 1702 - 1 PARK MEADOWS DR
 FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name **DOUG SMITH**
 Street Address (P.O. Box Number is Not Acceptable) **1710-3 Park Meadows Dr**
 City **Ft. Myers** 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

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

President
 (NOTE: Registered Agent signature required when reinstating)

4-23-2001
 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

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 type="checkbox"/> Delete
NAME	JORDON, BRIAN	
STREET ADDRESS	1702-4 PARK MEADOWS DR	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BISHOP, DAVID	
STREET ADDRESS	1702-1 PARKMEADOWS 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl Funnell	
STREET ADDRESS	1722-4 Park meadows Dr.	
CITY-ST-ZIP	Fort myers, Fl. 33907	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURA BARBETTA	
STREET ADDRESS	1716-3 PARK MEADOW DR	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	President.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUG SMITH	
STREET ADDRESS	1710-3 Park meadows Dr	
CITY-ST-ZIP	FT. MYERS, FL. 33907	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jolene James	
STREET ADDRESS	1720-5 Park Meadows Dr	
CITY-ST-ZIP	FT MYERS FL. 33907	
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon McGill	
STREET ADDRESS	1712-1 PARK MEADOWS DR	
CITY-ST-ZIP	Fort myers, FL 33907	
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: *Cheryl Funnell* Cheryl Funnell

4/23/2001
 Date

941-574-3113
 Daytime Phone #

CR2E037 (10/00)