

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90037 026 ****61.25



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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **59-1891258** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
CUSTER, BOB D
1724-1 PARK MEADOWS DRIVE
FORT MYERS FL 33907

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Bob D. Custer* DATE: **1/28/08**

Signature of person filing report or current registered agent and his/her spouse. (NOTE: Registered Agent signature is a requirement for changing)

FILE NOW: FEE IS \$61.25
Due By May-1, 2008

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: ASEC	NAME: SCHUTTZ, CHARLES	<input checked="" type="checkbox"/> Delete	TITLE: ASEC	NAME: MARGOLIN, STEVEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1712-2 PARK MEADOWS DRIVE	CITY-ST-ZIP: FORT MYERS FL 33907		STREET ADDRESS: 1714-4 PARK MEADOWS DR.	CITY-ST-ZIP: FT. MYERS, FL 33907	
TITLE: VP	NAME: MARIOH, JONATHAN H	<input checked="" type="checkbox"/> Delete	TITLE: VP	NAME: RUTT, DAVID L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1702-1 PARK MEADOWS DR	CITY-ST-ZIP: FORT MYERS FL 33907		STREET ADDRESS: 1702-2 PARK MEADOWS DR.	CITY-ST-ZIP: FT. MYERS, FL 33907	
TITLE: SEC	NAME: RUTT, DAVID	<input checked="" type="checkbox"/> Delete	TITLE: SEC	NAME: Schuttz, Charles	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1702-2 PARK MEADOWS DR	CITY-ST-ZIP: FORT MYERS FL 33907		STREET ADDRESS: 1712-2 PARK MEADOWS DR.	CITY-ST-ZIP: FT. MYERS, FL 33907	
TITLE: TRES	NAME: RUTT, SARI	<input type="checkbox"/> Delete	TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1702-2 PARK MEADOWS DR	CITY-ST-ZIP: FORT MYERS FL 33907		STREET ADDRESS:	CITY-ST-ZIP:	
TITLE: PRES	NAME: CUSTER, BOB D	<input type="checkbox"/> Delete	TITLE: President	NAME: Bob D. Custer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1724-1 PARK MEADOWS DR	CITY-ST-ZIP: FORT MYERS FL 33907		STREET ADDRESS: 1724-1 Park Meadows	CITY-ST-ZIP: FM., FL 33907	
TITLE:	NAME:	<input type="checkbox"/> Delete	TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:		STREET ADDRESS:	CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Bob D. Custer* DATE: **1-28-08**