

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