

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90118 015 \*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

1/1  
 1/1

**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: Suite, Apt. #, etc.  
 3. Mailing Address: 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**

6. Name and Address of Current Registered Agent  
**MCBILL, SHARON**  
**1712-1 PARK MEADOWS DRN**  
**FT MYERS FL 33907**

7. Name and Address of New Registered Agent  
 Name: **Jo Ann Goldschmidt**  
 Street Address (P.O. Box Number is Not Acceptable): **1718-3 Park Meadows Dr**  
**Fort Myers**  
 City: **Fort Myers**  
 State: **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jo Ann Goldschmidt*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: \_\_\_\_\_



CHECK HERE IF MAKING CHANGES

**FILE NOW: FEE IS \$61.25**

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: <b>TD</b>	<b>FUNNELL, CHERYL</b> <input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>1722-4 PARK MEADOWS DR</b>	NAME:	
STREET ADDRESS:	<b>FORT MYERS FL 33907</b>	STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: <b>SD</b>	<b>BARBETTA, LAURA</b> <input checked="" type="checkbox"/> Delete	TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>1718-3 PARK MEADOW DR</b>	NAME:	
STREET ADDRESS:	<b>FORT MYERS FL 33907</b>	STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: <b>PD</b>	<b>UTTER, SANDY</b> <input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>1714-1 PARK MEADOWS DR</b>	NAME:	
STREET ADDRESS:	<b>FORT MYERS FL 33907</b>	STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: <b>VP</b>	<b>JAMES, JOANN</b> <input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>1720-2 PARK MEADOWS DR</b>	NAME:	
STREET ADDRESS:	<b>FT. MYERS FL 33907</b>	STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: <b>PD</b>	<b>MCBILL, SHARON</b> <input checked="" type="checkbox"/> Delete	TITLE: <b>(President)</b>	<b>Jo Ann Goldschmidt</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>1712-1 PARK MEADOWS</b>	NAME:	<b>1718-3 Park Meadows Dr.</b>
STREET ADDRESS:	<b>FORT MYERS FL 33907</b>	STREET ADDRESS:	<b>Fort Myers, FL 33907</b>
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<b>Wood, Sharon</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		NAME:	<b>1712-1 Park Meadows</b>
STREET ADDRESS:		STREET ADDRESS:	<b>Fort Myers FL 33907</b>
CITY-ST-ZIP:		CITY-ST-ZIP:	

CR2E037 (10/02)

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 REQUIRED** *Jo Ann Goldschmidt* **239-274-3452**  
Signature and typed or printed name of signing officer or director. Date. Daytime Phone