

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743846

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** PARKWOODS III HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1531-1 PARK MEADOW DR  
FT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 61376  
FT MYERS, FL 33906 US

**New Mailing Address:**

**FEI Number:** 59-2014834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BALLANTINE, ARDENE C TREASUR  
1531-1 PARK MEADOW DRIVE  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: BALLANTINE, ARDENE C  
Address: 1531-1 PARK MEADOWS DR  
City-St-Zip: FT MYERS, FL 33907

Title: PD  
Name: ROUSHER, DAVID  
Address: 1513-1 PARK MEADOW DRIVE  
City-St-Zip: FORT MYERS, FL 33907

Title: SD  
Name: BENNETT, AMANDA  
Address: 1507-4 PARK MEADOW DRIVE  
City-St-Zip: FORT MYERS, FL 33907

Title: VPD  
Name: ROSE, NANCY  
Address: 1525-2 PARK MEADOWS DRIVE  
City-St-Zip: FT MYERS, FL 33907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARDENE C. BALLANTINE

TREA

01/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date