

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

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90132 044 \*\*\*\*61.25

**DOCUMENT # 743847**

1. Entity Name

**PARKWOODS IV HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**5550 WOODROSE COURT  
FT MYERS FL 33907**

**5550 WOODROSE COURT  
FT MYERS FL 33907**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2017310**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.  
C/O JOSEPH E. ADAMS, ESQ.  
13515 BELL TOWER DR., STE. 101  
FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name

**HERB CAUDLE**

Street Address (P.O. Box Number is Not Acceptable)

**4039-3 SANDLEWOOD LANE**

City

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

SIGNATURE

*[Signature]*

**- PRESIDENT, PARKWOODS IV HOMEOWNERS ASSN. 4/14/03**

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

(NOTE: Registered Agent signature required when reinstating)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **TD DOUGLAS, HAROLD**  
STREET ADDRESS **5570-3 WOODROSE CT**  
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Delete  
NAME **VD WOOD, DEBBIE**  
STREET ADDRESS **5581-3 MALT DRIVE**  
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Delete  
NAME **SD KENNEDY, DEBRA**  
STREET ADDRESS **5548-2 WOODROSE COURT**  
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Delete  
NAME **PD GAUDLE, HERB**  
STREET ADDRESS **4039-3 SANDLEWOOD LANE**  
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **PD CAUDLE, HERB**  
STREET ADDRESS **4039-3 SANDLEWOOD LN**  
CITY-ST-ZIP **FORT MYERS, FL 33907**  
(Spelling)

TITLE ☐ Change ☒ Addition  
NAME **D GERALD McNULTY**  
STREET ADDRESS **5552-2 WOODROSE CT.**  
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE ☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/03 (239) 275-7886**

Date

Daytime Phone #

CR2E037 (10/02)