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**Mar 08, 1999 8:00 am**  
**Secretary of State**

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 501285

1. Corporation Name  
**PARKWOODS REALTY AND DEVELOPMENT CO.**



Principal Place of Business 1391-4 MEADOW PARK LANE FT MYERS FL 33901 US	Mailing Address 1391-4 MEADOW PARK LANE FT MYERS FL 33901 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/15/1976</b>
4. FEI Number <b>59-1678348</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 <b>1430 Royal Palm Square Blvd.</b>	2a. Mailing Address 26 <b>1430 Royal Palm Square Blvd.</b>
Suite, Apt. #, etc. 22 <b>Suite 101</b>	Suite, Apt. #, etc. 27 <b>Suite 101</b>
City & State 23 <b>Fort Myers FL</b>	City & State 28 <b>Fort Myers FL</b>
Zip 24 <b>33919</b>	Zip 29 <b>33919</b>

9. Name and Address of Current Registered Agent  
**MALT, DAVID G.**  
**1391-4 MEADOW PARK LANE**  
**FT. MYERS FL 33901**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1430 Royal Palm Square Blvd. #101**  
 83  
 84 City **Fort Myers** FL 85 Zip Code **33919**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALT, DAVID G.	1.2 NAME	
STREET ADDRESS	1391-4 MEADOW PARK LANE	1.3 STREET ADDRESS	<b>1430 Royal Palm Square Blvd #101</b>
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	<b>Fort Myers FL 33919</b>
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALT, ROBERT C	2.2 NAME	
STREET ADDRESS	600 ROSELAND DRIVE	2.3 STREET ADDRESS	<b>1430 Royal Palm Square Blvd #101</b>
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	<b>Fort Myers FL 33919</b>
TITLE	ASD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALT, C RICHARD	3.2 NAME	
STREET ADDRESS	1620 N US HWY ONE	3.3 STREET ADDRESS	<b>1430 Royal Palm Square Blvd. #101</b>
CITY-ST-ZIP	JUPITER, FL 00000	3.4 CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALT, MILDRED B	4.2 NAME	
STREET ADDRESS	1391-4 MEADOW PARK LANE	4.3 STREET ADDRESS	<b>1430 Royal Palm Square Blvd. #101</b>
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **2/24/99** DAYTIME PHONE #: **941-936-6724**

CR2E034 (11/98)