

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

03-08-1999 90098 029 \*\*\*150.00

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/15/1976**

4. FEI Number

**59-1678348**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **1430 Royal Palm Square Blvd.**

Suite, Apt. #, etc.

22 **Suite 101**

City & State

23 **Fort Myers FL**

Zip

24 **33919**

Country

2a. Mailing Address

26 **1430 Royal Palm Square Blvd.**

Suite, Apt. #, etc.

27 **Suite 101**

City & State

28 **Fort Myers FL**

Zip

29 **33919**

Country

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE

NAME **MALT, DAVID G.**  
STREET ADDRESS **1391-4 MEADOW PARK LANE**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **TD** ☐ DELETE

NAME **MALT, ROBERT C**  
STREET ADDRESS **600 ROSELAND DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **ASD** ☐ DELETE

NAME **MALT, C RICHARD**  
STREET ADDRESS **1620 N US HWY ONE**  
CITY-ST-ZIP **JUPITER, FL 00000**

TITLE **VD** ☐ DELETE

NAME **MALT, MILDRED B**  
STREET ADDRESS **1391-4 MEADOW PARK LANE**  
CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **1430 Royal Palm Square Blvd #101**  
1.4 CITY-ST-ZIP **Fort Myers FL 33919**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **1430 Royal Palm Square Blvd #101**  
2.4 CITY-ST-ZIP **Fort Myers FL 33919**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS **1430 Royal Palm Square Blvd #101**  
3.4 CITY-ST-ZIP **Fort Myers FL 33919**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS **1430 Royal Palm Square Blvd #101**  
4.4 CITY-ST-ZIP **Fort Myers FL 33919**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

941-936-6724

CR2E034 (11/98)