


FILE NOW: FILING FEE IS \$61.25

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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739679 (9)
1. Corporation 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 33907-3747
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1977	3a. Date of Last Report 06/12/1996
21	22	23	24	25	26
21 Suite, Apt. #, etc.		22 Suite, Apt. #, etc.		26	
23 City & State		24 City & State		27	
24 Zip		25 Country		28	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DOUG SMITH 1710-3 PARK MEADOW DRIVE FT. MYERS FL 33907				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
85 FL					

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUEGER, JOAN	1.2 NAME	
STREET ADDRESS	1706 2 PARK MEADOWS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTT, SARI	2.2 NAME	
STREET ADDRESS	1702-2 PRK MEADOWS DRIVE	2.3 STREET ADDRESS	Richard M. New
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	1702-1 PRK Meadows Dr
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DOUG	3.2 NAME	
STREET ADDRESS	1710-3 PARK MEADOWS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY MARGARET WHATLEY	4.2 NAME	
STREET ADDRESS	1710 PARK MEADOW DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN BARKER	5.2 NAME	
STREET ADDRESS	1712-2 PARK MEADOWS DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE		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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Sandra B. Mortham* | *Douglas Smith* | 1-17-97 | 970-2034

CR2E037 (9/96)