1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739679

1. Corporation Name

PARKWOODS HOMEOWNERS ASSOCIATION, INC.

F 111	110	ipai r	acı	. 01	Gusi	11033
170	00	PARK	М	EAD	ows	DR.
FT	М	YER\$	FL	339	07	

Mailing Address

1700 PARK MEADOWS DR. FT MYERS FL 33907

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90080 044 ****61.25



2. Principal Pl	ace of Business	2a. Mailing Address		Date Incorporated or Qualifed			ì		
21		26			07/18/1977				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	App	lied For		
22		27			59-1891258	Not	Applicable		
City & State	e -	City & State				-\$8.75-A	dditional		
23		28			5. Certifcate of Status Desired	Fee Red	uired		
Zip	Country	Zip	Cou	ntrv	6. Election Campaign Financing	\$5.00	May Be		
	_ 	29	30	,	Trust Fund Contribution	Added to			
24	9. Name and Address of Curren		30		10. Name and Address of New Registered A		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	9. Name and Address of Current	it Kedistelen Adelit		81 Name					
	•			5 """J	OHN P. BROUSSARD				
BAKER, M	ARC B			81 Name JOHN P. BROWSSARD 82 Street Address (P.O. Box Number is Not Acceptable)					
1724-4 PA	RK MEADOWS DR								
	S FL 33907			83 170	8-1 PARK MEADOWS D	RIVE			
	, , 2 3333,			84 City	b it then me	85 Zip C	ode		
				City T	8-1 PARK MEADOWS D MYERS FL	100 7 2 3	3907		
11. Pursuant	to the provisions of Sections 617.050	2 and 617,1508, Florida Statu	ites, the a	ove named or	proporation submits this statement for the nurnose of c	hanging its (egistered		
office or re	egistered agent—or both, in the State (of Florida, Such change was	authonzed	by the corner	ation's board of directors. I hereby accept the appoint	tment as reg	istered		
agent. I a	m familiar with, and accept the obligat	tions of, Section 617.0503, Fi	orida Stati	nes.					
SIGNATURE	Signature, yeed or printed name of legistered agen	us			uired when reinstating) DATE		<u> </u>		
		,	E: Registered	Agent signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	2S IN 12		
12.		ID DIRECTORS		T	ADDITIONS/CHANGES TO OTT TOERS ARE	☐ Change	Addition		
TITLE	π	L. DELETE	1.1 TI			□ ouguge			
NAME	KRUEGER, JOAN		1.2 N	ME					
STREET ADDRESS	1706 2 PARK MEADOWS DR		1.3 \$1	REET ADDRESS					
CITY-ST-ZIP	FT. MYERS FL		1.4 CI	Y-ST-ZIP					
TITLE	D	☐ DELETE	2.1 TI	LE		Change	☐ Addition		
NAME	MINER, RICHARD		2.2 N	ME					
STREET ADDRESS	1702-1 PRK MEADOWS DR.		2.3 ST	REET ADDRESS			•		
CITY-ST-ZIP	FT. MYERS FL		2 4 0	TY-ST-ZIP					
TITLE	PD	> DELETE	3.1 Tr	1.F	PO A OLLUCARD	Change	☐ Addition		
· ·			3.2 N		FOUND, BROWSSAED 1708-2 PARK MEADOWS D	RIVE			
NAME	-SMITH, DOUG-		4	DCCT 4D00C00	1708-2		l		
STREET ADDRESS	1710-3 PARK MEADOWS DR		1	REET ADDRESS	FT. MYERS FL 33907				
CITY-ST-ZIP	FT. MYERS FL	E prices		TY-ST-ZIP		Change	Addition		
TITLE	VD	⊠ DELETE	4.1 TI	LE	VD	K cuands			
NAME	MARY MARGARET WHATLEY		4.2 N	AME	CANDIE GABALDON				
STREET ADDRESS	1710 PARK MEADOW DR.		4.3 S	REET ADDRESS	1710-1 PARK MEADOWS		i		
CITY-ST-ZIP	FT. MYERS FL		4.4 CI	TY-ST-ZIP	FT. MYERS FL 3390,	7			
TITLE	SD	☐ DELETE	5.1 TI	TE	•	Change	☐ Addition		
NAME	MARILYN BARKER		5.2 N	ME					
STREET ADDRESS	1712-2 PARK MEADOWS DR.	•	5.3 S1	REET ADDRESS					
	FT. MYERS FL		5.4 CI	ry-st-zip					
CITY-ST-ZIP TITLE	II. MIENO FL	☐ DELETE	6.1 TI	LE		Change	Addition		
			6.2 N						
NAME				1					
STREET ADDRESS			6.3 S	REET ADDRESS					

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

R2E037 (11/98