

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:04

DOCUMENT # **741523 (5)**
1. Corporation Name
PARKWOODS II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1719 PARK MEADOWS DRIVE FT. MYERS FL 33907 **1719 PARK MEADOWS DRIVE FT. MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/02/1978** 3a. Date of Last Report **12/16/1994**
4. FEI Number **59-2081912** Applied For Not Applicable
5. Certificate of Status Desired **\$5.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
**SKIPPER, ANITA CLEGG
6213 PRESIDENTIAL CT, SUITE A
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent
81. Name **Charles Convery**
82. Street Address (P.O. Box Number is Not Acceptable) **1711-1 Park Meadows Dr**
83.
84. **Ft Myers** FL 85. Zip Code **33907**

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]* *[Signature]* *Charles E. Convery*
By typed, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PD
NAME BARNES, JIM
STREET ADDRESS 1703-2 PARK MEADOW DRIVE
CITY-ST-ZIP FT MYERS FL 33907
TITLE SD
NAME MAGIN, JOHN (RANDY) JR.
STREET ADDRESS 1701-2 PARK MEADOW DRIVE
CITY-ST-ZIP FT MYERS FL 33907
TITLE TD
NAME SKIPPER, ANITA CLEGG
STREET ADDRESS 1701-3 PARK MEADOW DRIVE
CITY-ST-ZIP FT MYERS FL 33907
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME **Charles Convery**
1.3 STREET ADDRESS **1711-1 Park Meadows Dr**
1.4 CITY-ST-ZIP **Ft Myers, FL 33907**
2.1 TITLE Change Addition
2.2 NAME **Martha Jaffers**
2.3 STREET ADDRESS **1703-4 Park Meadows Dr**
2.4 CITY-ST-ZIP **Ft Myers FL 33907**
3.1 TITLE Change Addition
3.2 NAME **Shelvia McCabe**
3.3 STREET ADDRESS **1711-4 Park Meadows Drive**
3.4 CITY-ST-ZIP **Ft Myers FL 33907**
4.1 TITLE Change Addition
4.2 NAME **Erik Cappella**
4.3 STREET ADDRESS **1709-4 Park Meadows Dr**
4.4 CITY-ST-ZIP **Ft Myers FL 33907**
5.1 TITLE Change Addition
5.2 NAME **Harry Blair**
5.3 STREET ADDRESS **1713-1 Park Meadows Dr**
5.4 CITY-ST-ZIP **Ft Myers FL 33907**
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address.

SIGNATURE: *Charles E. Convery* **Charles Convery** 4-11-95 8/3-278-3754
Signature and typed or printed name of signing officer or director Date (Daytime Phone #)

REMITTED BY MAY 1