

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



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

| | | |
|--|---|---|
| 3. Date Incorporated or Qualified 02/02/1978 | | |
| 4. FEI Number 59-2081912 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |

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

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**MCCABE, SHEILA
17114 PARK MEADOWS DR
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent
81 Name **STANFORD, Cheryl**
82 Street Address (P.O. Box Number is Not Acceptable)
1707-3 PARKMEADOW DR
83
84 City **FT. MYERS** FL 85 Zip Code **33907**

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 *Cheryl Stanford Treasurer* DATE **April 21, 1998**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOFFMANN, STUART | 1.2 NAME | |
| STREET ADDRESS | 1705-2 PARK MEADOWS DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL | 1.4 CITY-ST-ZIP | |
| TITLE | SD | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JEFFERS, MARTHA | 2.2 NAME | |
| STREET ADDRESS | 1703-4 PARK MEADOWS DR. | 2.3 STREET ADDRESS | THOMAS, BARBARA |
| CITY-ST-ZIP | FT MYERS FL | 2.4 CITY-ST-ZIP | 1723-4 PARKMEADOW DR. |
| TITLE | TD | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCCABE, SHEILA | 3.2 NAME | CHERYL STANFORD |
| STREET ADDRESS | 17411-4 PARK MEADOWS DRIVE | 3.3 STREET ADDRESS | 1707-3 PARKMEADOW DR. |
| CITY-ST-ZIP | FT MYERS FL | 3.4 CITY-ST-ZIP | FT. MYERS, FL. |
| TITLE | VP | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LECLAIRE, NORMAN | 4.2 NAME | MAGIN, RANDY |
| STREET ADDRESS | 1717-4 PARK MEADOWS DR | 4.3 STREET ADDRESS | 1701-2 PARKMEADOW DR. |
| CITY-ST-ZIP | FT MYERS FL | 4.4 CITY-ST-ZIP | FT. MYERS, FL. |
| TITLE | D | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MC CULLOCH, CHRISTINE | 5.2 NAME | LECLAIRE, NORMAN |
| STREET ADDRESS | 1709-2 PARK MEADOWS DR | 5.3 STREET ADDRESS | 1717-4 PARKMEADOW DR |
| CITY-ST-ZIP | FT MYERS FL | 5.4 CITY-ST-ZIP | FT. MYERS, FL. |
| 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 | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | THOMAS, BARBARA |
| 2.4 CITY-ST-ZIP | 1723-4 PARKMEADOW DR. |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | CHERYL STANFORD |
| 3.3 STREET ADDRESS | 1707-3 PARKMEADOW DR. |
| 3.4 CITY-ST-ZIP | FT. MYERS, FL. |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | MAGIN, RANDY |
| 4.3 STREET ADDRESS | 1701-2 PARKMEADOW DR. |
| 4.4 CITY-ST-ZIP | FT. MYERS, FL. |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | LECLAIRE, NORMAN |
| 5.3 STREET ADDRESS | 1717-4 PARKMEADOW DR |
| 5.4 CITY-ST-ZIP | FT. MYERS, FL. |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stuart Hoffmann (STUART, HOFFMANN)* 4-14-98 (940) 939-2430

CR2E037 (10/97)