

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90002 004 ****61.25

AMOUNT DUE ON OR BEFORE 9/15/99: \$61.25 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$639.47

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741523

1. Corporation Name
PARKWOODS II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 1719 PARK MEADOWS DRIVE FT. MYERS FL 33907

Mailing Address: 1719 PARK MEADOWS DRIVE FT. MYERS FL 33907



2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 02/02/1978

4. FEI Number: 59-2081912 Applied For () Not Applicable ()

5. Certificate of Status Desired () \$8.75 Additional Fee Required

6. Election Campaign Financing () \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

STANFORD, CHERYL
1707-3 PARK MEADOW DR
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOFFMANN, STUART	
STREET ADDRESS	1705-2 PARK MEADOWS DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, BARBARA	
STREET ADDRESS	1723-4 PARKMEADOW DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STANFORD, CHERYL	
STREET ADDRESS	1707-3 PARK MEADOW DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MAGIN, RANDY	
STREET ADDRESS	1701-2 PARK MEADOW DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LECLAIRE, NORMAN	
STREET ADDRESS	1717-4 PARKMEADOW DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	(1) P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOFFMANN, STUART	
1.3 STREET ADDRESS	1707-3 PARK MEADOW DR	
1.4 CITY-ST-ZIP	FT MYERS, FL 33907	
2.1 TITLE	(2) SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KRISTINE CAPREIA	
2.3 STREET ADDRESS	1709-4 PARK MEADOW DR	
2.4 CITY-ST-ZIP	FT MYERS, FL 33907	
3.1 TITLE	(3) P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOFFMANN, CHERYL	
3.3 STREET ADDRESS	1707-3 PARK MEADOW DR	
3.4 CITY-ST-ZIP	FT MYERS, FL 33907	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	(5) D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHEILA MCCABE	
5.3 STREET ADDRESS	1711-4 PARK MEADOW DR	
5.4 CITY-ST-ZIP	FT MYERS, FL 33907	
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, with all other like empowered.

SIGNATURE: *Stuart Hoffmann* 7-11-99 (941) 275-7264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (5/99)