## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 741523** Jan 13, 2000 8:00 am **Secretary of State** PARKWOODS II HOMEOWNERS ASSOCIATION, INC. 01-13-2000 90023 012 \*\*\*\*61.25 Mailing Address Principal Place of Business 1719 PARK MEADOWS DRIVE 1719 PARK MEADOWS DRIVE FT. MYERS FL 33907-3767 FT. MYERS FL 33907 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2081912 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) STANFORD, CHERYL 1707-3 PARK MEADOW DR EADOW FORT MYERS FL 33907 C36 67 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change TITLE TACKIE CHERRINGTON DR. TITLE Delete NAME NAME HOFFMANN, STUART STREET ADDRESS STREET ADDRESS 1705-2 PARK MEADOWS DR Ft. MYERS, F1. 33907 CITY-ST-ZIP CITY-ST-ZIP <u>ft myers fl</u> ☐ Addition Change TITLE ☐ Delete TITLE DEC P NAME HOFFMANN, STUART NAME STREET ADDRESS STREET ADDRESS 1707-3 PARK MEADOW DR CITY ST ZIP CITY-ST-ZIP FORT MYERS FL 33907 Change ☐ Addition ☐ Delete TITLE TITLE TD NAME HOFFMANN, CHERYL NAME STREET ADDRESS STREET ADDRESS 1707-3 PARK MEADOW DR CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL ☐ Change Addition Delete TITLE TITLE VP MAGIN, RANDY NAME NAME STREET ADDRESS STREET ADDRESS 1701-2 PARK MEADOW DR CITY-ST-ZIP CITY-ST-ZIP ft myers fl ☐ Change ☐ Addition ☐ Delete TITLE CAPRELLA, KRISTINE NAME STREET ADDRESS STREET ADDRESS 1709-4 PARK MEADOW DR CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33907 ☐ Addition ☐ Change TITLE Delete TITLE NAME MCCABE, SHEILA NAME STREET ADDRESS STREET ADDRESS 1711-4 PARK MEADOW DR CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33907 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with any address with a other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRITED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description of the property of