

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90097 009 ****61.25

DOCUMENT # 741523

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2081912

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATTS, TERESA K
1707-4 PARK MEADOW DR
FORT MYERS FL 33907

Name **WATTS, TERESA K**
 Street Address (P.O. Box Number is Not Acceptable)
1701-4 PARK MEADOWS DR
 City **FORT MYERS** FL Zip Code **33907**

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.

SIGNATURE

Teresa K Watts, Secretary

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/20/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LECLAIR, NORMAN	
STREET ADDRESS	8949 ELLINGTON ST.	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JEFFERS, DON	
STREET ADDRESS	1703-4 PARK MEADOWS DR.	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WATTS, TERESA K	
STREET ADDRESS	1701-4 PARK MEADOWS DR.	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY JACKSON	
STREET ADDRESS	1721-1 PARK MEADOWS DR	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANICE GRACE	
STREET ADDRESS	1701-1 PARK MEADOWS DR	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDRA SANDERS	
STREET ADDRESS	1718-1 PARK MEADOWS DR	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE: *Teresa K Watts* **TERESA K. WATTS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/02 **941-339-6171**

Date Daytime Phone #

CR2E037 (9/01)