2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOOLINAENT # 744500 THE SO

FILED Sep 09, 2004 8:00 am Secretary of State

1. Entity Name PARKWOODS II HOMEOWNERS ASSOCIATION, INC.							09-09-200	04 90009	010 ****6	51.25	
1719 PARK MEADOWS DRIVE 1719				Mailing Address 1719 PARK MEADOWS DRIVE FT. MYERS, FL 33907							
2. Principal Place of Business 3. Ma			3. Mailing Address	J. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07262004	Chg-NP	CR2E0	37 (10/03)		
City & State			City & State	City & State		4. FEI Number 59-2081	912		<u> </u>	plied For t Applicable	
Zip	Zip Country			ip Country		5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent						7. Name and A	ddress of New	Registered	Agent		
		***	<u> </u>		Name Na.						
WATTS, TERESA K 1701-4 PARK MEADOW DR FORT MYERS, FL 33907				ŀ	Name Michcle L. West Street Address (P.O. Box Number is Not Acceptable)						
					1727	7-2 Par	-k Mea	یں ہے۔	Drive		
				•	City Fort	Myers		FL	1 - 0 .	907	
	e named entity tions of registe		r the purpose of changing	its registere	ed office or registe	ered agent, or both	, in the State of I	Florida. Lam	familiar with,	and accept	
SIGNATURE .	Mic Signature, typed or	Hele Lou or printed name of registered agent a	West and title if applicable (N	OTE: Pagietorae	d Agent signature require	ad when re'astatine)		7-18	-04		
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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. hm. (234) 277-0647

SIGNATURE:

Lee West SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michele Lee West 818-04 wk (239) 332-1171