


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

09-09-2004 90009 010 ****61.25

DOCUMENT # 741523					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2081912	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WATTS, TERESA K 1701-4 PARK MEADOW DR FORT MYERS, FL 33907			Name Michele L. West		
			Street Address (P.O. Box Number is Not Acceptable)		
			1727-2 Park Meadows Drive		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Michele Lee West</i>				DATE 7-18-04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECLAIR, NORMAN		NAME	Marilyn Fisher	
STREET ADDRESS	8948 ELLINGTON ST		STREET ADDRESS	11381 cypress Ln.	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	Fort Myers Beach FL 33931	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANICE, GRACE		NAME	stacey Pleasants	
STREET ADDRESS	1701-1 PARK MEADOWS DR		STREET ADDRESS	1705-3 Park Meadows Drive	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	Fort myers FL 33907	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, TERESA K		NAME	Don Jeffers	
STREET ADDRESS	1701-4 PARK MEADOWS DR.		STREET ADDRESS	1703-4 Park meadows Drive	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	Fort Myers FL 33907	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MARY		NAME	Michele L. West	
STREET ADDRESS	1721-1 PARK MEADOWS DR		STREET ADDRESS	1727-2 Park Meadows Drive	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	Fort Myers FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, FRED		NAME		
STREET ADDRESS	1711-1 PARK MEADOWS DR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Michele Lee West</i>				Date 8-18-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	
				hm. (239) 277-0647	
				wk (239) 332-1171	