


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90058 005 ****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 - No P.O. Box #
**Alliant Property Management, LLC
 6719 Winkler Road, Suite 200
 Fort Myers, FL 33919**

3. Mailing Address
**Alliant Property Management, LLC
 6719 Winkler Road, Suite 200
 Fort Myers, FL 33919**



04052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2081912 Applied For
 Not Applicable

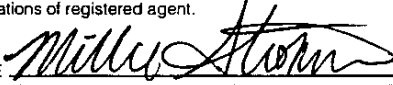
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HAWKINS, CATHERINE H
 1717 PARK MEADOWS DRIVE
 UNIT 2
 FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent
**Alliant Property Management, LLC (able)
 6719 Winkler Road, Suite 200
 Fort Myers, FL 33919**

FL Zip Code

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:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

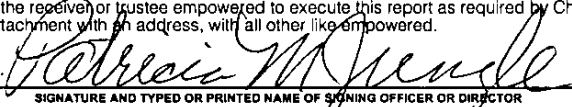
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES HAWKINS, CATHERINE H 1717 PARK MEADOWS DRIVE, UNIT 2 FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LOMBARDO, ROBERT 1711 PARK MEADOWS DRIVE UNIT 1 FORT MYERS, FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOULEY, MICHELLE 1727 PARK MEADOWS DRIVE, UNIT 2 FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D#1 LEWIS, EVE 1715 PARK MEADOWS DRIVE, UNIT 2 FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D#2 JUNGLE, PATRICIA 1725 PARK MEADOWS DRIVE, UNIT 3 FORT MYERS, FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Lauren Hutchingson 1713 Park Meadows Drive # 4 Ft. Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lyndei Floyd 1719 Park Meadows Drive # 1 Ft. Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michelle Gooley 1727 Park Meadows Dr. # 4 Ft. Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR