


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90061 005 ****61.25

DOCUMENT # 741523					
1. Entity Name PARKWOODS II HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919		Mailing Address ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2081912	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAWKINS, CATHERINE H. ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLE ROAD, SUITE 200 FORT MYERS, FL 33919				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State 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 <i>[Signature]</i>		Agent		DATE 4-3-08	
Filing Fee is \$61.25 Due by May 1, 2008		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	TSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, LAUREN		NAME		
STREET ADDRESS	1713 PARK MEADOWS DRIVE #4		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDO, ROBERT		NAME		
STREET ADDRESS	1711 PARK MEADOWS DRIVE UNIT 1		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VPD-Lynder Floyd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, LYNDER		NAME	1719 Park Meadows Dr # 3	
STREET ADDRESS	1719 PARK MEADOWS DRIVE #1		STREET ADDRESS	Ft Myers, FL 33907	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D Michelle Gouley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOLEY, MICHELLE		NAME	1727 Park Meadows Dr unit 2	
STREET ADDRESS	1727 PARK MEADOWS DR. #4		STREET ADDRESS	Ft Myers, FL 33907	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
TITLE	D#2	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNGLE, PATRICIA		NAME		
STREET ADDRESS	1725 PARK MEADOWS DRIVE, UNIT 3		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 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: <i>[Signature]</i>		TREAS.		DATE 3-31-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	