

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741523

FILED
Mar 18, 2009
Secretary of State

Entity Name: PARKWOODS II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 59-2081912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, CATHERINE H
ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLE ROAD, SUITE 200
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLE ROAD
SUITE 200
FORT MYERS, FL 33919 US

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: JOHN M. STROHM, AGENT

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TSD () Delete
Name: HUTCHINSON, LAUREN
Address: 1713 PARK MEADOWS DRIVE #4
City-St-Zip: FORT MYERS, FL 33907

Title: PRES () Delete
Name: LOMBARDO, ROBERT
Address: 1711 PARK MEADOWS DRIVE UNIT 1
City-St-Zip: FORT MYERS, FL 33907

Title: VPD () Delete
Name: FLOYD, LYNDER
Address: 1719 PARK MEADOWS DR #3
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: GOULEY, MICHELLE
Address: 1727 PARK MEADOWS DR UNIT 2
City-St-Zip: FORT MYERS, FL 33907

Title: D#2 (X) Delete
Name: JUNGLE, PATRICIA
Address: 1725 PARK MEADOWS DRIVE, UNIT 3
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: HUTCHINSON, LAUREN
Address: 1713 PARK MEADOWS DRIVE #4
City-St-Zip: FORT MYERS, FL 33907

Title: PD (X) Change () Addition
Name: JOINER, VALERIE
Address: 1703 PARK MEADOWS DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: VPD (X) Change () Addition
Name: FLOYD, LYNDEL
Address: 1719 PARK MEADOWS DR #3
City-St-Zip: FORT MYERS, FL 33907

Title: TD (X) Change () Addition
Name: LECLAIRE, BARBARA
Address: 1569 CRANDORD AVE
City-St-Zip: FORT MYERS, FL 33916

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIE JOINER

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date