

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Aug 03, 2012  
Secretary of State**

DOCUMENT# 741523

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:**SCHOO MANAGEMENT, INC.  
9411 CYPRESS LAKE DRIVE - SUITE 2  
FORT MYERS, FL 33919**Current Mailing Address:**ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER ROAD, SUITE 200  
FORT MYERS, FL 33919**New Mailing Address:**SCHOO MANAGEMENT, INC.  
9411 CYPRESS LAKE DRIVE - SUITE 2  
FORT MYERS, FL 33919

FEI Number: 59-2081912

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLE ROAD  
SUITE 200  
FORT MYERS, FL 33919 US**Name and Address of New Registered Agent:**SCHOO MANAGEMENT, INC.  
SCHOO MANAGEMENT, INC.  
9411 CYPRESS LAKE DRIVE - SUITE 2  
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: ROBERT E. GELLES

08/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P  
Name: JOINER, VALERIE  
Address: 1703 PARK MEADOWS DRIVE  
City-St-Zip: FORT MYERS, FL 33907Title: VP  
Name: FLOYD, LYNDEL  
Address: 1719 PARK MEADOWS DRIVE  
City-St-Zip: FORT MYERS, FL 33907Title: T  
Name: THOMPSON, HAROLD  
Address: 1723 PARK MEADOWS DR  
City-St-Zip: FORT MYERS, FL 33907Title: S  
Name: GOULEY, MICHELLE  
Address: 1727 PARK MEADOWS DR. #2  
City-St-Zip: FORT MYERS, FL 33907Title: D  
Name: JUNGLE, PAT  
Address: 1725 PARK MEADOWS DR.  
City-St-Zip: FORT MYERS, FL 33907

I hereby 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 all other like empowered.

SIGNATURE: VALERIE JOINER

P

08/03/2012

Electronic Signature of Signing Officer or Director

Date