

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90278 047 ****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

Zip

Country

Zip

Country

4. FEI Number **59-2081912**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATTS, TERESA K

**1707-4 PARK MEADOW DR
FORT MYERS FL 33907**

**1701-4 PARK
MEADOWS DR.**

Name

Street Address (P.O. Box Number is Not Acceptable)

1701-4 PARK MEADOWS DR

City

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **LECLAIR, NORMAN**
STREET ADDRESS **8948 ELLINGTON ST. 8948**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE Change Addition
NAME
STREET ADDRESS **8948 ELLINGTON ST**
CITY-ST-ZIP

TITLE **TD** Delete
NAME **JANICE, GRACE**
STREET ADDRESS **1709-4 PARK MEADOWS DR. 1701-1**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE Change Addition
NAME
STREET ADDRESS **1701-1 PARK MEADOWS DR**
CITY-ST-ZIP

TITLE **SD** Delete
NAME **WATTS, TERESA K**
STREET ADDRESS **1701-4 PARK MEADOWS DR.**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VID** Delete
NAME **MARY JACKSON**
STREET ADDRESS **1721-1 PARK MEADOWS DR**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE Change Addition
NAME **MARY JACKSON**
STREET ADDRESS **1721-1 PARK MEADOWS DR**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE **D** Delete
NAME **FRED GOLDBERG**
STREET ADDRESS **1711-1 PARK MEADOWS DR**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE Change Addition
NAME **FRED GOLDBERG**
STREET ADDRESS **1711-1 PARK MEADOWS DR**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: **TERESA K. WATTS** 01-12-03 (239) 339-6171

CR2E037 (10/02)