


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743846 (8)
 1. Corporation Name
PARKWOODS III HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1531-1 PARK MEADOW DR P.O. BOX 61376 FT MYERS FL 33906-1376 US	Mailing Address 1531-1 PARK MEADOW DR P.O. BOX 61376 FT MYERS FL 33906-1376 US
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3. Date Incorporated or Qualified 08/07/1978
4. FEI Number 59-2014834
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

**SMITH, AUDREY V.
1613-3 PARK MEADOWS DRIVE
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, AUDREY	1.2 NAME	
STREET ADDRESS	1613-3 PARK MEADOWS DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS, F 00000	1.4 CITY - ST - ZIP	FI 33907
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, DOLORES	2.2 NAME	
STREET ADDRESS	1575-2 PARK MEADOWS DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS, FL 00000	2.4 CITY - ST - ZIP	33907
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLANTINE, ARDENE	3.2 NAME	
STREET ADDRESS	1531-1 PARK MEADOWS DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS, FL 00000	3.4 CITY - ST - ZIP	33907
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, WAVA	4.2 NAME	
STREET ADDRESS	1661-1 PARK MEADOWS DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS, FL 00000	4.4 CITY - ST - ZIP	33907
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ardene Ballantine 4-7-98 941-278-4455

CR2E037 (10/97)