

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90078 023 \*\*\*\*61.25

**DOCUMENT # 743846**

1. Entity Name

**PARKWOODS III HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1531-1 PARK MEADOW DR  
 P.O. BOX 61376  
 FT MYERS FL 33906-1376  
 US

1531-1 PARK MEADOW DR  
 P.O. BOX 61376  
 FT MYERS FL 33906-1376  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2014834**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, AUDREY	
STREET ADDRESS	1613-3 PARK MEADOWS DR	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BALLANTINE, ARDENE	
STREET ADDRESS	1531-1 PARK MEADOWS DR	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YATES, WAVA	
STREET ADDRESS	1661-1 PARK MEADOWS DR	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES. / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, WILLIAM	
STREET ADDRESS	4604 LITTLE RIVER LAKE	
CITY-ST-ZIP	FT. MYERS, FL 33905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Pres / Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURANO, PHILLIP	
STREET ADDRESS	1555-4 PARK MEADOWS DR	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	Vice - President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUNN, JEFFREY	
STREET ADDRESS	1607-3 Park Meadows Dr.	
CITY-ST-ZIP	Fort Myers FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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: Ardene C. Ballantine **ARDENE C. BALLANTINE** 4-12-00 941-278-4455  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #