

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90361 033 ****61.25

0068752

DOCUMENT # 743846

1. Entity 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

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

59-2014834

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

B0039818



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Ballantine, Ardene C.**
 Street Address (P.O. Box Number is Not Acceptable) **1531-1 Park Meadow Dr.**
 City **Fort Myers** FL Zip Code **33907**

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 *Ardene C. Ballantine*
Ardene C. Ballantine Treasurer, Director
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-21-01
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARBET, WILLIAM 4604 LITTLE RIVERR LN FT MYERS FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALLANTINE, ARDENE 1531-1 PARK MEADOWS DR FT MYERS FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YATES, WAVA 1661-1 PARK MEADOWS DR FT MYERS FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURANO, PHILLIP 1555-4 PARKMEADOWS DR FORT MYERS FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NUNN, JEFFREY 1607-3 PARK MEADOWS DR. FORT MYERS FL 33907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, Treas.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-01 **941-278-4455**
 Date Daytime Phone #

CR2E037 (10/00)