

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90329 047 ****61.25

0083497

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**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

TITLE NAME	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	MARYELLEN MONTANA 1575-2 PARK MEADOW DRIVE, FT MYERS FL 33907	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	VICE-PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	CONNIE PETITO 1563-4 PARK MEADOW DRIVE FORT MYERS, FL 33907	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ARDENE C. BALLANTINE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

(239) 278-0762

Date Daytime Phone #

CR2007 (9/01)