


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

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
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**DO NOT WRITE IN THIS SPACE**



04232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2014834	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BALLANTINE, ARDENE C.  
1531-1 PARK MEADOW DRIVE  
FORT MYERS, FL 33907

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000134771  
04/28/04-80032-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALLANTINE, ARDENE 1531-1 PARK MEADOWS DR FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YATES, WAVA 1661-1 PARK MEADOWS DR FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETITO, CONNIE 1563-4 PARK MEADOW DRIVE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 4/26/04 239-278-0762  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #