


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 743846</b> 1. Entity Name <b>PARKWOODS III HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1531-1 PARK MEADOW DR P.O. BOX 61376 FT MYERS, FL 33906-1376 US</b>	Mailing Address <b>1531-1 PARK MEADOW DR P.O. BOX 61376 FT MYERS, FL 33906-1376 US</b>
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04192006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2014834</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>BALLANTINE, ARDENE C. 1531-1 PARK MEADOW DRIVE FORT MYERS, FL 33907</b>
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

U00000538114  
05/09/06-80044-011 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	PD PETITO, CONNIE 1563-4 PARK MEADOW DRIVE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLOSE, GARY 1673-4 PARK MEADOW DRIVE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARMELEY, SHERRY 1537-2 PARK MEADOW DRIVE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/24/06 239 278-0762  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #