

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 08:00 A
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

Name

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

City

FL

Zip Code

**BALLANTINE, ARDENE C.
1531-1 PARK MEADOW DRIVE
FORT MYERS FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when re-registering)

DATE

**FILE NOW FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TD
BALLANTINE, ARDENE
1531-1 PARK MEADOWS DR
FT MYERS FL 33907** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**000000848442
03/20/08-80018-004 61.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
PETITO, CONNIE
1563-4 PARK MEADOW DRIVE
FORT MYERS FL 33907** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**000000848442
03/20/08-80018-004 61.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
PARMELEY, SHERRY
1537-2 PARK MEADOW DRIVE
FORT MYERS FL 33907** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**000000848442
03/20/08-80018-004 61.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**000000848442
03/20/08-80018-004 61.25** ☐ Delete

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03/20/08-80018-004 61.25** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Ballantine 3/2/08 239-936-5795