

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743846

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: PARKWOODS III HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1531-1 PARK MEADOW DR  
P.O. BOX 61376  
FT MYERS, FL 339061376 US

**New Principal Place of Business:**

1531-1 PARK MEADOW DR  
FT MYERS, FL 33907 US

**Current Mailing Address:**

1531-1 PARK MEADOW DR  
P.O. BOX 61376  
FT MYERS, FL 339061376 US

**New Mailing Address:**

1531-1 PARK MEADOW DR  
FT MYERS, FL 33907 US

FEI Number: 59-2014834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BALLANTINE, ARDENE C.  
1531-1 PARK MEADOW DRIVE  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: BALLANTINE, ARDENE  
Address: 1531-1 PARK MEADOWS DR  
City-St-Zip: FT MYERS, FL 33907

Title: PD ( ) Delete  
Name: PETITO, CONNIE  
Address: 1563-4 PARK MEADOW DRIVE  
City-St-Zip: FORT MYERS, FL 33907

Title: SD ( ) Delete  
Name: PARMELEY, SHERRY  
Address: 1537-2 PARK MEADOW DRIVE  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARDENE C. BALLANTINE

TREA

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date