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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743847 (6)
1. Corporation Name
PARKWOODS IV HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
5550 WOODROSE COURT FT MYERS FL 33907 **5550 WOODROSE COURT FT MYERS FL 33907**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/12/1978	03/07/1994
4. FBI Number	Applied For
59-2017310	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

TROJAN, ERICA
4017-1 SANDLEWOOD LANE
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROJAN, ERICA	12 NAME	
STREET ADDRESS	4017-1 SANDLEWOOD LANE	13 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS, FL 00000	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITSCH, DAVID	22 NAME	
STREET ADDRESS	4081-3 MALT DRIVE	23 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, CHERYL A	32 NAME	
STREET ADDRESS	4047-4 SANDLEWOOD LN.	33 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	34 CITY - ST - ZIP	
TITLE	VPD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOONDERWOERD, CHERYL	42 NAME	
STREET ADDRESS	4001-2 SANDLEWOOD LANE	43 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARWOOD, BRUCE	52 NAME	
STREET ADDRESS	5552-2 WOODROSE CT	53 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Erica E. Trojan, Treas. 3/17/95 913-334-8277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number