

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: **5550 WOODROSE COURT FT MYERS FL 33907**
Mailing Address: **5550 WOODROSE COURT FT MYERS FL 33907**

3. Date Incorporated or Qualified: **08/12/1978**
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-2017310**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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 (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE (Signature, typed or printed name of registered agent and date it applies to) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	TROJAN, ERICA	
STREET ADDRESS	4017-1 SANDLEWOOD LANE	
CITY - ST - ZIP	FT MYERS, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TITSCH, DAVID	
STREET ADDRESS	4081-3 MALT DRIVE	
CITY - ST - ZIP	FT MYERS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KNAPP, CHERYL A	
STREET ADDRESS	4047-4 SANDLEWOOD LN.	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCHOONDERWOERD, CHERYL	
STREET ADDRESS	4001-2 SANDLEWOOD LANE	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARWOOD, BRUCE	
STREET ADDRESS	5552-2 WOODROSE CT	
CITY - ST - ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	400001771904
2.3 STREET ADDRESS	-04/08/96--01025--017
2.4 CITY - ST - ZIP	***61.25
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP DON STEWART
4.3 STREET ADDRESS	4017-2 SANDLEWOOD LN
4.4 CITY - ST - ZIP	FT MYERS, FL 33907
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DARCHE WARDER
5.3 STREET ADDRESS	4017-4 SANDLEWOOD LN
5.4 CITY - ST - ZIP	FORT MYERS, FL 33907
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 617, 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, Treasurer (ERICA E. TROJAN) 3/12/96 941-936-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

RM-6-96