


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #743847**  
1. Corporation Name  
**Parkwoods IV Homeowners Association, Inc.**

Principal Place of Business <b>5550 Woodrose Court Fort Myers, FL 33907</b>	Mailing Address <b>SAME</b>
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2. Principal Place of Business 21 <b>5550 Woodrose Ct.</b> Suite, Apt #, etc.	2a. Mailing Address 26 <b>5550 Woodrose Ct.</b> Suite, Apt #, etc.
22 City & State 23 <b>Fort Myers, FL</b> Zip Country	27 City & State 28 <b>Fort Myers, FL</b> Zip Country
24 <b>33907</b> 25 <b>USA</b>	29 <b>33907</b> 30 <b>USA</b>

3. Date incorporated or Qualified <b>8/12/78</b>	3a. Date of Last Report <b>4/6/96</b>
4. FEI Number <b>59-2017310</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**Erica Trojan  
4017-1 Sandelewood Lane  
Fort Myers, FL 33907**

10. Name and Address of New Registered Agent  
81 Name **Becker & Poliakoff, P.A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**c/o Joseph E. Adams, Esquire**  
83 **13515 Bell Tower Drive, Suite 101**  
84 City **Fort Myers** 85 Zip Code **FL 33907**

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: *Joseph S. Go* DATE: **6/19/97**

12. OFFICERS AND DIRECTORS

TITLE <b>P/D</b>	NAME <b>Titsch, David</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>5581-3 Malt Drive</b>	CITY-ST-ZIP <b>Ft. Myers, FL 33907</b>	
TITLE <b>VP</b>	NAME <b>Stewart, Don</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>4017-2 Sandelewood Lane</b>	CITY-ST-ZIP <b>Ft. Myers, FL 33907</b>	
TITLE <b>S</b>	NAME <b>Knapp, Cheryl A.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>4047-4 Sandelewood Lane</b>	CITY-ST-ZIP <b>Fort Myers, FL 33907</b>	
TITLE <b>T/D</b>	NAME <b>Trojan, Erica</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>4017-1 Sandelewood Lane</b>	CITY-ST-ZIP <b>Fort Myers, FL 33907</b>	
TITLE <b>D</b>	NAME <b>Warner, Archie H.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>4017-4 Sandelewood Lane</b>	CITY-ST-ZIP <b>Fort Myers, Florida 33907</b>	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 <b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Titsch, Linda</b>	
4.3 STREET ADDRESS <b>5581-3 Malt Drive</b>	
4.4 CITY-ST-ZIP <b>Fort Myers, FL 33907</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>400002238984</b>	
5.3 STREET ADDRESS <b>-07/16/97--01010--007</b>	
5.4 CITY-ST-ZIP <b>***61.25</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*cc 7/15*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Daniel A. Vitale, President* DATE: **6.26.97** DAYTIME PHONE: **941.936.4875**

CR2E037 (9/96)