

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/12/1978	4. FEI Number 59-2017310	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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. Is this nonprofit corporation a home owners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.
C/O JOSEPH E. ADAMS, ESQ.
13515 BELL TOWER DR., STE. 101
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 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 Adams* DATE: **5/12/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	TITSCH, LINDA	
STREET ADDRESS	5581-3 MALT DR	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TITSCH, DAVID	
STREET ADDRESS	5581-3 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 type="checkbox"/> DELETE
NAME	STEWART, DON	
STREET ADDRESS	4017-2 SANDLEWOOD LANE	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARNER, ARCHIE	
STREET ADDRESS	4017-2 SANDLEWOOD LN	
CITY-ST-ZIP	FT. MYERS FL 33907	
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	
2.3 STREET ADDRESS	5581-3
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *David A. Titus* DATE: **4.21.98**

CF2E037 (10/97)