


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90081 024 ****61.25

DOCUMENT # 743847			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03032005		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2017310		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOUGLAS, HAROLD L 5570-3 WOODROSE CT FORT MYERS, FL 33907		Name BARBARA R. SALTER Street Address (P.O. Box Number is Not Acceptable) 4053-3 SANDLEWOOD LANE City FORT MYERS FL Zip Code 33907	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Barbara Salter</i>		DATE 3/26/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOUGLAS, HAROLD 5570-3 WOODROSE CT FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BARBARA R. SALTER 4053-3 SANDLEWOOD LANE FORT MYERS FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOOD, DEBBIE 5581-3 MALT DRIVE FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEBORAH WOOD 4047-2 SANDLEWOOD LANE FORT MYERS FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, DEBRA 5548-2 WOODROSE COURT FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KATIE PAQUETTE 5548-2 WOODROSE COURT FORT MYERS FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMOFF, MICHAEL 4017-2 SANDLEWOOD LN FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARY CONESE 4039-2 SANDLEWOOD LANE FORT MYERS FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNUTTY, GERALD 5552-2 WOODROSE CT FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JANE SCHEPP 4061-3 SANDLEWOOD LANE FORT MYERS FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Barbara Salter</i>		DATE 3/26/05 Daytime Phone # 239-939-3359	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	