

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743847

FILED  
Feb 23, 2009  
Secretary of State

**Entity Name:** PARKWOODS IV HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5550 WOODROSE COURT  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

5550 WOODROSE COURT  
FT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 59-2017310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALTER, BARBARA  
4053 3 SANDLEWOOD LANE  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPTD ( ) Delete  
Name: SALTER, BARBARA  
Address: 4053-3 SANDLEWOOD LANE E  
City-St-Zip: FORT MYERS, FL 33907

Title: PD ( ) Delete  
Name: WOOD, DEBORAH  
Address: 4049-2 SANDLEWOOD LANE  
City-St-Zip: FORT MYERS, FL 33907

Title: SD ( ) Delete  
Name: ORR, PENNY  
Address: 15700 COUNTRY COURT  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPTD (X) Change ( ) Addition  
Name: SALTER, BARBARA  
Address: 4053-3 SANDLEWOOD LANE  
City-St-Zip: FORT MYERS, FL 33907

Title: PD (X) Change ( ) Addition  
Name: WOOD, DEBORAH  
Address: 4047-2 SANDLEWOOD LANE  
City-St-Zip: FORT MYERS, FL 33907

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA R SALTER

VPTD

02/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date