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Jan 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 746357 (3)  
1. Corporation Name  
PARKWOODS V HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
P.O. BOX 60543 P.O. BOX 60543  
FT MYERS FL 33906 FT MYERS FL 33906-6543

3. Date Incorporated or Qualified 03/21/1979 3a. Date of Last Report 01/29/1996  
4. FEI Number 59-2238983 Applied For Not Applicable  
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 FILE ONLY

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, REVEREND GARY  
5606-2 MALT DRIVE  
FT MYERS FL 33907

81 Name WINDHORST, LISA  
82 Street Address (P.O. Box Number is Not Acceptable) 5604-1 MALT DR.  
83 FT. MYERS  
84 City FL 85 Zip Code 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 Lisa Windhorst 1/2/97  
Signature, typed or printed name of registered agent, and title, if applicable. (601) Registered Agent signature required when registering. DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, GARY REV.			1.2 NAME	TODD RANDINELLI		
STREET ADDRESS	5606-2 MALT DR.			1.3 STREET ADDRESS	5606-2 MALT DR		
CITY-ST-ZIP	FT MYERS, FL 00000			1.4 CITY-ST-ZIP	FT. MYERS, FLA		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINDHORST, LISA			2.2 NAME			
STREET ADDRESS	5604-1 MALT DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 00000			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KRUEGR, DONNA			3.2 NAME	Julie JONKE		
STREET ADDRESS	5804-4 MALT DRIVE			3.3 STREET ADDRESS	5604-4 MALT DR		
CITY-ST-ZIP	FT MYERS FL			3.4 CITY-ST-ZIP	FT. MYERS, FLA		
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTZ, ROBERT			4.2 NAME			
STREET ADDRESS	3304-2 SANDLEWOOD LN.			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PORCHER, SPENCER			5.2 NAME			
STREET ADDRESS	5554-2 MALT DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 Lisa Windhorst 1/2/97 (601) 222-2280

CR2E037 (9/96)