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Feb 03 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 # **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

3. Date Incorporated or Qualified

03/21/1979

4. FEI Number

59-2238983

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINDHORST, LISA
5604-1 MALT DR
FT MYERS FL 33907

81 Name

Kimberly M. Parker

82 Street Address (P.O. Box Number is Not Acceptable)

5574-1 Malt Drive

83

84 City

Fort Myers

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

Kimberly M. Parker
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME RANDINELLI, TODD
STREET ADDRESS 5606-2 MALT DR
CITY-ST-ZIP FT MYERS FL

TITLE TD ☒ DELETE
NAME WINDHORST, LISA
STREET ADDRESS 5604-1 MALT DR
CITY-ST-ZIP FT MYERS, FL 00000

TITLE SD ☒ DELETE
NAME JONKE, JULIE
STREET ADDRESS 5604-4 MALT DRIVE
CITY-ST-ZIP FT MYERS FL

TITLE VD ☒ DELETE
NAME MARTZ, ROBERT
STREET ADDRESS 3304-2 SANDLEWOOD LN.
CITY-ST-ZIP FT MYERS FL

TITLE VD ☒ DELETE
NAME PORCHER, SPENCER
STREET ADDRESS 5554-2 MALT DR.
CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

PD

☐ Change ☐ Addition

1.2 NAME

William Perry

1.3 STREET ADDRESS

5544-1 Malt Dr.

1.4 CITY-ST-ZIP

Fort Myers, FL 33907

2.1 TITLE

TD

☐ Change ☐ Addition

2.2 NAME

Kimberly M. Parker

2.3 STREET ADDRESS

5574-1 Malt Dr.

2.4 CITY-ST-ZIP

Fort Myers, FL 33907

3.1 TITLE

SD

☐ Change ☐ Addition

3.2 NAME

Debra Kilgus

3.3 STREET ADDRESS

5572-4 Malt Drive

3.4 CITY-ST-ZIP

Fort Myers, FL 33907

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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:

Kimberly M. Parker

1/5/98 (41) 939-5775

CR2E037 (10/97)