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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746357

1. Corporation Name
PARKWOODS V HOMEOWNERS ASSOCIATION, INC.

272617-90115-50

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 5584-5 Malt Drive	26 5584-5 Malt Drive	03/21/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2238983 — Applied For / Not Applicable
City & State 23 Ft. Myers FL	City & State 28 Ft. Myers FLA	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
Zip 24 33907 Country 25 USA	Zip 29 33907 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KIMBERLY M PARKER 5574-1 MALT DR FORT MYERS FL 33907	81 Name: DEBRA Kilgus 82 Street Address (P.O. Box Number is Not Acceptable): 5572-4 Malt Drive 83 84 City: Ft. 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 Debra G. Kilgus DATE 1/11/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	~~President~~ P ☒ Change ☐ Addition
NAME	RANDINELLI, TODD	1.2 NAME	KRISTEN LARUE
STREET ADDRESS	5606-2 MALT DR	1.3 STREET ADDRESS	3290-2 SANDLEWOOD Dr
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Ft. Myers FL 33907
TITLE	TD ☒ DELETE	2.1 TITLE	~~Treasurer~~ T ☒ Change ☐ Addition
NAME	PARKER, KIMBERLY M	2.2 NAME	Robert Connell
STREET ADDRESS	5574-1 MALT DR	2.3 STREET ADDRESS	5584-4 Malt Dr
CITY-ST-ZIP	FORT MYERS FL 33907	2.4 CITY-ST-ZIP	Ft. Myers FL 33907
TITLE	SD ☐ DELETE	3.1 TITLE	~~Vice President~~ VP ☐ Change ☒ Addition
NAME	KILGUS, DEBRA	3.2 NAME	Baily Johnson
STREET ADDRESS	5572-4 MALT DRIVE	3.3 STREET ADDRESS	5552-4 Malt Dr
CITY-ST-ZIP	FORT MYERS FL 33907	3.4 CITY-ST-ZIP	Ft. Myers, FL 33907
TITLE	☐ DELETE	4.1 TITLE	~~Asst. Vice President~~ VP ☐ Change ☒ Addition
NAME		4.2 NAME	Gloria Baker-Jastram
STREET ADDRESS		4.3 STREET ADDRESS	5542-4 Malt Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Myers, FL 33907
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Debra G. Kilgus — 1/11/98 — 941-463-6277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #