

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746357

1. Entity Name

PARKWOODS V HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90046 019 ****61.25

Principal Place of Business

Mailing Address

5584-5 MALT DRIVE
FT MYERS FL 33907

5584-5 MALT DRIVE
FT MYERS FL 33907-4657



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2238983

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KILGUS, DEBRA
5572-4 MALT DRIVE
FORT MYERS FL 33907

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME PD
STREET ADDRESS LARVE, KRISTEN
CITY-ST-ZIP 3290-2 SANDLEWOOD DR
FT MYERS FL 33907

TITLE ☐ Change ☐ Addition
NAME Should BE
STREET ADDRESS LARVE
CITY-ST-ZIP

TITLE ☐ Delete
NAME TD
STREET ADDRESS CONNELL, ROBERT
CITY-ST-ZIP 5584-4 MALT DRIVE
FORT MYERS FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD
STREET ADDRESS KILGUS, DEBRA
CITY-ST-ZIP 5572-4 MALT DRIVE
FORT MYERS FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME VP
STREET ADDRESS JOHNSON, BAILY
CITY-ST-ZIP 5552-4 MALT DRIVE
FT MYERS FL 33907

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS MAURICE J. MURPHY
CITY-ST-ZIP 5580-1 MALT DRIVE
FT MYERS, FL 33907

TITLE ☐ Delete
NAME VP
STREET ADDRESS BAKER, GLORIA
CITY-ST-ZIP 5542-4 MALT DRIVE
FT MYERS FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)