

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746357

1. Entity Name

PARKWOODS V HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5584-5 MALT DRIVE
FT MYERS FL 33907

Mailing Address

5584-5 MALT DRIVE
FT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2238983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KILGUS, DEBRA
5572-4 MALT DRIVE 4039-2 Sandlewood Lane
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LARUE, KRISTEN	
STREET ADDRESS	3290-2 SANDLEWOOD DR	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CONNELL, ROBERT	
STREET ADDRESS	5584-4 MALT DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KILGUS, DEBRA	
STREET ADDRESS	5572-4 MALT DRIVE 4039-2 Sandlewood Ln.	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MURPHY, MAURICE J	
STREET ADDRESS	5580-1 MALT DR	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAKER, GLORIA	
STREET ADDRESS	5542-4 MALT DRIVE	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90018 023 ****61.25

80007026



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)