2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# 746357

Entity Name: PARKWOODS V HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5584-5 MALT DRIVE
FT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

5584-5 MALT DRIVE
FT MYERS, FL 33907

New Mailing Address:

FEI Number: 59-2238983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, MAURICE J
5580-1 MALT DR
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SLATER, JANE
Address: 3304-2 SANDLEWOOD LN.
City-St-Zip: FT. MYERS, FL 33907

Title: TD ( ) Delete
Name: POZEZNIK, KATE
Address: 5584-1 MALT DRIVE
City-St-Zip: FT. MYERS, FL 33907

Title: SD ( ) Delete
Name: TEATE, BARBARA
Address: 5584-3 MALT DR.
City-St-Zip: FT. MYERS, FL 33907

Title: VPD ( ) Delete
Name: MURPHY, MAURICE J
Address: 5580-1 MALT DR
City-St-Zip: FT MYERS, FL 33907

Title: VP ( ) Delete
Name: ZEBOLD, MARLENE
Address: 5608-1 MALT DR.
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LARUE, KRISTEN
Address: 3290-2 SANDLEWOOD LN.
City-St-Zip: FT. MYERS, FL 33907

Title: VP (X) Change ( ) Addition
Name: ZEBOLD, MARLENE
Address: 5608-1 MALT DRIVE
City-St-Zip: FT. MYERS, FL 33907

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: CONNELL, ROBERT
Address: 5608-1 MALT DR.
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA H TEATE SD 01/03/2007

Electronic Signature of Signing Officer or Director — Date