2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746357

FILED Jan 22, 2008 Secretary of State

Entity Name: PARKWOODS V HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5584-5 MALT DRIVE FT MYERS, FL 33907 **Current Mailing Address: New Mailing Address:** 5584-5 MALT DRIVE FT MYERS, FL 33907 FEI Number: 59-2238983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURPHY, MAURICE J 5580-1 MÁLT DR FORT MYERS, FL 33907 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LARUE, KRISTEN Name: Name: 3290-2 SANDLEWOOD LN. Address: Address: City-St-Zip: FT. MYERS, FL 33907 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ZEBOLD, MARLENE Name: Address: 5608-1 MALT DRIVE Address: City-St-Zip: FT. MYERS, FL 33907 City-St-Zip: Title: () Delete Title: () Change () Addition TEATE, BARBARA Name: Name: Address: 5584-3 MALT DR. Address: City-St-Zip: FT. MYERS, FL 33907 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: MURPHY, MAURICE J Name: 5580-1 MALT DR Address: Address: City-St-Zip: FT MYERS, FL 33907 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition CONNELL, ROBERT CONNELL, MARGO Name: Name: 5608-1 MALT DR. 5584-4 MALT DRIVE Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify 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: MARGO CONNELL TD 01/22/2008