

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746357

FILED
Jan 24, 2009
Secretary of State

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:

5552-4 MALT DRIVE
FT MYERS, FL 33907

Current Mailing Address:

5584-5 MALT DRIVE
FT MYERS, FL 33907

New Mailing Address:

P.O. BOX 60835
FT MYERS, FL 33906

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:

GROVE, JENNIFER
5552-4 MALT 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: JENNIFER GROVE

01/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: ZEBOLD, MARLENE
Address: 5608-1 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: TD () Delete
Name: CONNELL, MARGO
Address: 5584-4 MALT DRIVE
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GROVE, JENNIFER
Address: 5552-4 MALT DRIVE
City-St-Zip: FT. MYERS, FL 33907

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

Title: SD (X) Change () Addition
Name: ALJAABARI, TRACY
Address: 5582-2 MALT DR.
City-St-Zip: FT. MYERS, FL 33907

Title: VPD (X) Change () Addition
Name: CONNELL, BOB J
Address: 5584-4 MALT DR
City-St-Zip: FT MYERS, FL 33907

Title: TD (X) Change () Addition
Name: ORR, PENNY
Address: P.O. BOX 8646
City-St-Zip: FORT MYERS, FL 33908

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: JENNIFER GROVE

PD

01/24/2009

Electronic Signature of Signing Officer or Director

Date