


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90317 013 \*\*\*\*61.25

<b>DOCUMENT # 746357</b>	
<b>1. Entity Name</b> <b>PARKWOODS V HOMEOWNERS ASSOCIATION, INC.</b>	

<b>Principal Place of Business</b> 5584-5 MALT DRIVE FT MYERS FL 33907	<b>Mailing Address</b> 5584-5 MALT DRIVE FT MYERS FL 33907
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-2238983		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
CARPENTER, DEBRA 4039-2 SANDLEWOOD LANE 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. I am familiar with, and accept the obligations of, registered agent.**

SIGNATURE Debra Carpenter DATE 1/29/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	LARUE, KRISTEN	NAME	
STREET ADDRESS	3290-2 SANDLEWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	CONNELL, ROBERT	NAME	
STREET ADDRESS	5584-4 MALT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	CARPENTER, DEBRA	NAME	
STREET ADDRESS	4039-2 SANDLEWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	MURPHY, MAURICE J	NAME	
STREET ADDRESS	5580-1 MALT DR	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	BAKER, GLORIA	NAME	
STREET ADDRESS	5542-4 MALT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Kristen Larue DATE: January 21, 2003 PHONE: 339-956-1033

CR2E037 (10/02)