FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR 18 PM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **746400** **(1)**

1. Corporation Name
PARKWOOD VILLAS HOMEOWNERS' ASSOCIATION, I, INC.

Principal Place of Business	Mailing Address
2 PARKWOOD VILLAS CT. P.O. BOX #194 LEHIGH ACRES FL 33970-7194	P O BOX 194 LEHIGH ACRES FL 33970-7194 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1979
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1916769 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HELD, LEONA R.
2 PARKWOOD VILLAS CT.
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D ☐ Change ☒ Addition
NAME	HELD, LEONA R.	1.2 NAME	Joseph Ferster
STREET ADDRESS	2 PARKWOOD VILLAS CT.	1.3 STREET ADDRESS	15 Parkwood Villa Ct.
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	Lehigh Acres, Fl. 33937
TITLE	SD	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	GREEN, CAROLYN M	2.2 NAME	Green, Carolyn M.
STREET ADDRESS	2070 COUNTY RD 26	2.3 STREET ADDRESS	10145 Augsburger Rd.
CITY-ST-ZIP	MOUNT CORY OH	2.4 CITY-ST-ZIP	Bluffton, Ohio 45817
TITLE	D	3.1 TITLE	D ☐ Change ☒ Addition
NAME	BROWN, JENNINGS	3.2 NAME	Elio Giusti
STREET ADDRESS	14 PARKWOOD VILLAS CT.	3.3 STREET ADDRESS	Rd. 1 Box 32G Butter Bowl R.
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP	Cherry Valley, N.Y. 13320
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	SPERBER, MARLI	4.2 NAME	
STREET ADDRESS	20 PARKWOOD VILLA CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	GREEN, KENNETH V	5.2 NAME	Green, Kenneth V.
STREET ADDRESS	2070 COUNTY RD., 26	5.3 STREET ADDRESS	10145 Augsburger Rd.
CITY-ST-ZIP	MOUNT CORY OH 45868	5.4 CITY-ST-ZIP	Bluffton Ohio 45817
TITLE	~~D~~	6.1 TITLE	☐ Change ☐ Addition
NAME	~~JOSEPH FURSTER~~	6.2 NAME	
STREET ADDRESS	~~Parkwood Villa Ct.~~	6.3 STREET ADDRESS	
CITY-ST-ZIP	~~Lehigh Acres, Fl.~~	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marli Sperber Marli Sperber, Treas. 4/12/1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

00016350