

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **746400** (1)

1. Corporation Name

PARKWOOD VILLAS HOMEOWNERS' ASSOCIATION, I, INC.



Principal Place of Business

**2 PARKWOOD VILLAS CT.
P.O. BOX #194
LEHIGH ACRES FL 33970-7194**

Mailing Address

**P O BOX 194
LEHIGH ACRES FL 33970-7194
US**

3. Date Incorporated or Qualified
03/23/1979

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
59-1916769

Applied For
Not Applicable

5. Certificate of Status Desired

**XX \$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D - President** ☐ DELETE
NAME **FERSTER, JOSEPH**
STREET ADDRESS **15 PARKWOOD VILLA CT**
CITY-ST-ZIP **LEHIGH ACRES FL**

1.1 TITLE **TD** ☐ Change ☐ Addition
1.2 NAME **Leona Held**
1.3 STREET ADDRESS **2 Parkwood Villas Ct.**
1.4 CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE **SD** ☐ DELETE
NAME **GREEN, CAROLYN M**
STREET ADDRESS **10145 AUGSBURGER RD**
CITY-ST-ZIP **BLUFFTON OH**

2.1 TITLE **D** ☐ Change ☐ Addition
2.2 NAME **Selma Friedman**
2.3 STREET ADDRESS **20 Parkwood Villas Ct.**
2.4 CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE **D** ☐ DELETE
NAME **ELIO, GIUSTI**
STREET ADDRESS **RD 1 BOX 32G BUTTER BOWL R**
CITY-ST-ZIP **CHERRY VALLEY NY**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **SPERBER, MARLI**
STREET ADDRESS **20 PARKWOOD VILLA CT.**
CITY-ST-ZIP **LEHIGH ACRES FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GREEN, KENNETH V**
STREET ADDRESS **10145 ROSSBERGER RD**
CITY-ST-ZIP **BLUFFTON OH**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **Jennings Brown**
STREET ADDRESS **14 Parkwood Villas Ct.**
CITY-ST-ZIP **Lehigh Acres, FL 33936**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

Joseph Ferster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96
Date

369-5355
Daytime Phone #

CR2E037 (12/95)