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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 59-1916769	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	FERSTER, JOSEPH
STREET ADDRESS	15 PARKWOOD VILLA CT
CITY-ST-ZIP	LEHIGH ACRES FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	GREEN, CAROLYN M
STREET ADDRESS	10145 AUGSBURGER RD
CITY-ST-ZIP	BLUFFTON OH
TITLE	TD <input type="checkbox"/> DELETE
NAME	HELD, LEONA
STREET ADDRESS	2 PARKWOOD VILLAS CT
CITY-ST-ZIP	LEHIGH ACRES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FRIEDMAN, SELMA
STREET ADDRESS	20 PARKWOOD VILLAS CT
CITY-ST-ZIP	LEHIGH ACRES FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	BROWN, JENNINGS
STREET ADDRESS	14 PARKWOOD VILLAS CT
CITY-ST-ZIP	LEHIGH ACRES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	Dorothy Crandall
STREET ADDRESS	19 PARKWOOD VILLAS CT
CITY-ST-ZIP	LEHIGH ACRES FL 33936

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dorothy Crandall
1.3 STREET ADDRESS	19 PARKWOOD VILLAS CT
1.4 CITY-ST-ZIP	Lehigh Acres, FL 33936
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 F. Ferster** 01-05-98 (941) 369-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)