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Jan 23, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746400**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/23/1979
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1916769
24 Country	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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

(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	D	<input type="checkbox"/> DELETE
NAME	CRANDALL, DOROTHY	
STREET ADDRESS	19 PARKWOOD VILLAS CT	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

Joseph Ferster **JOSEPH F. FERSTER** 1/6/99 (941) 369-5355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)