1/13/00-90034-015-$70.00-$70.00

DOCUMENT # 740400

FILED
May 08, 2000 8:00 am
Secretary of State
01-13-2000 90034 015 ****70.00

1. Entity 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 33970-0194 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1916769 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HELD, LEONA R.~~ JOSEPH FERSTER ~~2 PARKWOOD VILLAS CT.~~ 15 PARKWOOD VILLA CT ~~LEHIGH ACRES FL 33936~~ LEHIGH ACRES FL 33936	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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP (DIRECTOR) FERSTER, JOSEPH 15 PARKWOOD VILLA CT LEHIGH ACRES FL (PRESIDENT)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD (DIRECTOR) GREEN, CAROLYN M 10145 AUGSBURGER RD (SECRETARY) BLUFFTON OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD (DIRECTOR) HELD, LEONA 2 PARKWOOD VILLAS CT (TREASURER) LEHIGH ACRES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIEDMAN, SELMA 20 PARKWOOD VILLAS CT LEHIGH ACRES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D (DIRECTOR) CRANDALL, DOROTHY 19 PARKWOOD VILLAS CT LEHIGH ACRES FL 33936 (TRUSTEE)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CATHERINE BEVERLY (DIRECTOR) 22 PARKWOOD VILLAS CT LEHIGH ACRES, FL (VICE PRESIDENT)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Joseph Ferster JOSEPH FERSTER 1/6/00 (941) 369-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #