

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90275 025 \*\*\*\*70.00

**DOCUMENT # 746400**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-1916769**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FERSTER, JOSEPH  
15 PARKWOOD VILLA CT.  
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	DP	<input type="checkbox"/> Delete
NAME	FERSTER, JOSEPH	
STREET ADDRESS	15 PARKWOOD VILLA CT	
CITY-ST-ZIP	LEHIGH ACRES FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIZABETH CROWE	
STREET ADDRESS	1082 LOGARED RD.	
CITY-ST-ZIP	MICHOLSVILLE, KY. 40356	

TITLE	SD	<input type="checkbox"/> Delete
NAME	GREEN, CAROLYN M	
STREET ADDRESS	10145 AUGSBURGER RD	
CITY-ST-ZIP	BLUFFTON OH	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	HELD, LEONA	
STREET ADDRESS	2 PARKWOOD VILLAS CT	
CITY-ST-ZIP	LEHIGH ACRES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, SELMA	
STREET ADDRESS	20 PARKWOOD VILLAS CT	
CITY-ST-ZIP	LEHIGH ACRES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	BEVERLY, CATHERINE	
STREET ADDRESS	22 PARKWOOD VILLAS COURT	
CITY-ST-ZIP	LEHIGH ACRES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** 1-31-01 941-369-5355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)