

# 2002 UNIFORM BUSINESS REPORT (UBR)

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 & 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

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  
NAME FERSTER, JOSEPH  
STREET ADDRESS 15 PARKWOOD VILLA CT  
CITY-ST-ZIP LEHIGH ACRES FL ☐ Delete

TITLE D  
NAME ELIZABETH CROWE  
STREET ADDRESS 1082 LOGARED RD  
CITY-ST-ZIP MICHOLOSVILLE, KY 40356 ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME HELD, LEONA  
STREET ADDRESS 2 PARKWOOD VILLAS CT  
CITY-ST-ZIP LEHIGH ACRES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME CROWE, ELIZABETH  
STREET ADDRESS 1082 LOGARED RD  
CITY-ST-ZIP NICHOLASVILLE KY 40356 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT  
NAME CRANDALL, DOROTHY  
STREET ADDRESS 19 PARKWOOD VILLAS CT  
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD  
NAME BEVERLY, CATHERINE  
STREET ADDRESS 22 PARKWOOD VILLAS COURT  
CITY-ST-ZIP LEHIGH ACRES FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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* SIGNATURE REQUIRED FERSTER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 30, 2002 8:00 am  
Secretary of State

01-30-2002 90045 003 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)