

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746400

FILED
Apr 04, 2004
Secretary of State**Entity Name:** PARKWOOD VILLAS HOMEOWNERS' ASSOCIATION, I, INC.**Current Principal Place of Business:**2 PARKWOOD VILLAS CT.
P.O. BOX #194
LEHIGH ACRES, FL 339707194**New Principal Place of Business:**21 PARKWOOD VILLAS CT.
P.O. BOX #194
LEHIGH ACRES, FL 339707194**Current Mailing Address:**P O BOX 194
LEHIGH ACRES, FL 339707194 US**New Mailing Address:****FEI Number:** 59-1916769**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FERSTER, JOSEPH
15 PARKWOOD VILLA CT.
LEHIGH ACRES, FL 33936 US**Name and Address of New Registered Agent:**BOLLA, JAMES
21 PARKWOOD VILLA CT.
LEHIGH ACRES, FL 33936 US

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: JAMES R. BOLLA

04/04/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: FERSTER, JOSEPH
Address: 15 PARKWOOD VILLA CT
City-St-Zip: LEHIGH ACRES, FL**Title:** D () Delete
Name: MICHAEL, CORDASCO
Address: 18 PARK WOOD VILLAS CT
City-St-Zip: LEHIGH ACRES, FL 33936**Title:** TD () Delete
Name: HELD, LEONA
Address: 2 PARKWOOD VILLAS CT
City-St-Zip: LEHIGH ACRES, FL**Title:** D () Delete
Name: RUDY, BAKER
Address: 17 PARKWOOD VILLAS CT
City-St-Zip: LEHIGH ACRES, FL 33936**Title:** DT () Delete
Name: CRANDALL, DOROTHY
Address: 19 PARKWOOD VILLAS CT
City-St-Zip: LEHIGH ACRES, FL 33936**Title:** D () Delete
Name: LEIGER, ANNA
Address: 306 E 11TH STREET
City-St-Zip: LEHIGH ACRES, FL 33936**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: BOLLA, JAMES R PRES
Address: 21 PARKWOOD VILLA CT
City-St-Zip: LEHIGH ACRES, FL 33936**Title:** D (X) Change () Addition
Name: HELD, LEONA R DIR
Address: 2 PARKWOOD VILLAS CT
City-St-Zip: LEHIGH ACRES, FL 33936**Title:** TD (X) Change () Addition
Name: HURST, HAROLD SEC/TR
Address: 12 PARKWOOD VILLAS CT
City-St-Zip: LEHIGH ACRES, FL**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: LEDGER, ANNA
Address: 306 E 11TH STREET
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. BOLLA

PRES

04/04/2004

Electronic Signature of Signing Officer or Director

Date

MARY L. FIRSTER, DIRECTOR
15 PARKWOOD CIRCLE CT.
LEHIGH ACRES, FL 33936