2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# 746400

Entity Name: PARKWOOD VILLAS HOMEOWNERS' ASSOCIATION, I, INC.

Current Principal Place of Business:

21 PARKWOOD VILLAS CT.
P.O. BOX #194
LEHIGH ACRES, FL 339707194

New Principal Place of Business:

20 PARKWOOD VILLAS CT.
LEHIGH ACRES, FL 33936

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOLLA, JAMES
21 PARKWOOD VILLA CT.
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

BOLLA, JAMES
1680 COUNTRY CLUB PARKWAY
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: _____ 07/05/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BOLLA, JAMES R PRES
Address: 1680 COUNTRY CLUB PKWY
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D ( ) Delete
Name: BOLLA, ROSEMARY C SEC/TR
Address: 1680 COUNTRY CLUB PKWY
City-St-Zip: LEHIGH ACRES, FL 339372

Title: D ( ) Delete
Name: ARCADI, JODIE
Address: 2 PARKWOOD VILLAS CT
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D (X) Delete
Name: JAMES, BOLLA JR
Address: 19 PARKWOOD VILLAS CT
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D ( ) Delete
Name: CRANDALL, DOROTHY
Address: 19 PARKWOOD VILLAS CT
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D ( ) Delete
Name: LEDGER, ANNA
Address: 306 E 11TH STREET
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BOLLA, ROSEMARY C SEC/TR
Address: 1680 COUNTRY CLUB PKWY
City-St-Zip: LEHIGH ACRES, FL 339336

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 07/05/2007
Electronic Signature of Signing Officer or Director — Date