

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746400

FILED  
Mar 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

20 PARKWOOD VILLAS CT.  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 194  
LEHIGH ACRES, FL 339700194 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:**

BOLLA, JAMES  
1680 COUNTRY CLUB PARKWAY  
LEHIGH ACRES, FL 33936 US

**Name and Address of New Registered Agent:**

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:

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 339336

Title: D ( ) Delete  
Name: ARCADI, JODIE  
Address: 2 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: D (X) Change ( ) Addition  
Name: BOLLA, JAMES R JR  
Address: 1680 COUNTRY CLUB PARKWAY  
City-St-Zip: LEHIGH ACRES, FL 33936

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

DP

03/30/2009

Electronic Signature of Signing Officer or Director

Date