

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746400

FILED
Feb 18, 2010
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:

P O BOX 1058
LEHIGH ACRES, FL 33970 US

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:

DEBOEST, RICHARD
2030 MCGREGOR BLVD
FORT MYERS, FL 33901 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: RICHARD DEBOEST

02/18/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: SCIACCA, MARIO
Address: PO BOX 1058
City-St-Zip: LEHIGH ACRES, FL 33970

Title: D
Name: KOSTYK, JOSEPH
Address: PO BOX 1058
City-St-Zip: LEHIGH ACRES, FL 33970

Title: DS
Name: DOROTHY, CRANDALL L
Address: PO BOX 1058
City-St-Zip: LEHIGH ACRES, FL 33970

Title: DVP
Name: FERSTER, JOSEPH
Address: PO BOX 1058
City-St-Zip: LEHIGH ACRES, FL 33970

Title: DT
Name: LEDGER, ANNA T
Address: PO BOX 1058
City-St-Zip: LEHIGH ACRES, FL 33970

I hereby 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 all other like empowered.

SIGNATURE: MARIO SCIACCA

P

02/18/2010

Electronic Signature of Signing Officer or Director

Date