

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **748936** (2)

1. Corporation Name
PARKWOODS VI HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **WOODROSE COURT P O BOX 6395 FORT MYERS FL 33911**
Mailing Address: **WOODROSE COURT P O BOX 6395 FORT MYERS FL 33911**

3. Date Incorporated or Qualified: **09/17/1979**
3a. Date of Last Report: **06/13/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2169940	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country		
30. Country			

9. Name and Address of Current Registered Agent WESTLAKE, RICHARD 12353-4 WOODROSE CT FORT MYERS FL 33907		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when relistings) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: VP#1	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: WESTLAKE, JANE		1.2 NAME: VEREEN, PAT	
STREET ADDRESS: 12353-4 WOODROSE CT		1.3 STREET ADDRESS: 12341-3 WOODROSE CT.	
CITY-ST-ZIP: FT MYERS, FL 00000		1.4 CITY-ST-ZIP: FT MYERS, FL 33907	
TITLE: TD	<input type="checkbox"/> DELETE	2.1 TITLE: VP#2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: WESTLAKE, RICHARD		2.2 NAME: BRADLEY, KAREN	
STREET ADDRESS: 12353-4 WOODROSE CT		2.3 STREET ADDRESS: 12339-1 WOODROSE CT.	
CITY-ST-ZIP: FT MYERS, FL 00000		2.4 CITY-ST-ZIP: FT. MYERS, FL 33907	
TITLE: VD	<input type="checkbox"/> DELETE	3.1 TITLE: PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: IAMARINO, LOUIS		3.2 NAME: IAMARINO, LOUIS	
STREET ADDRESS: 12353-1 WOODROSE CT		3.3 STREET ADDRESS: 12353-1 WOODROSE CT.	
CITY-ST-ZIP: FT MYERS FL		3.4 CITY-ST-ZIP: FT. MYERS, FL 33907	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: TREA.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WOODS, ED		4.2 NAME: WESTLAKE, RICHARD	
STREET ADDRESS: 12361-4 WOODROSE CT		4.3 STREET ADDRESS: 12353-4 WOODROSE CT.	
CITY-ST-ZIP: FT. MYERS FL		4.4 CITY-ST-ZIP: FT MYERS, FL 33907	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard D. Westlake Date: 3/1/96 Daytime Phone #: 941-275-4660

CR2E037 (12/95)