

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90223 015 ****61.25

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DOCUMENT # 748936

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



2. Principal Place of Business

21 12369-5 Woodrose Ct.
Suite, Apt. #, etc.

2a. Mailing Address

26 12369-5 Woodrose Ct.
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/17/1979

4. FEI Number

59-2169940

Applied For

Not Applicable

22
City & State

23 Fort Myers, FL

Zip Country

24 33907

25 USA

27
City & State

28 Fort Myers, FL

Zip Country

29 33907

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GRISSINGER, LYNNAN
12363-1 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **TD MASSEY, VICKI**
STREET ADDRESS **12361-1 WOODROSE CT**
CITY-ST-ZIP **FT MYERS, FL 00000 33907**

TITLE ☐ DELETE
NAME **VD KUSTEK, JACK**
STREET ADDRESS **12353-1 WOODROSE CT**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE ☐ DELETE
NAME **SD MEYERS, GRETCHEN**
STREET ADDRESS **12365-3 WOODROSE CT**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE ☐ DELETE
NAME **PD GRISSINGER, LYNNAN**
STREET ADDRESS **12363-1 WOODROSE CT**
CITY-ST-ZIP **FT MYERS FL**

TITLE ☒ DELETE
NAME **DVP BRADLEY, KAREN**
STREET ADDRESS **12339-1 WOODROSE CR**
CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-99

941-765-4222

CR2E037 (11/98)