DOCUMENT # 748936 1. Entity Name PARKWOODS VI HOMEOWNERS ASSOCIATION, INC.					Jan 19, 2001 8:00 am Secretary of State 01-19-2001 90087 040 ****61.25					
Principal Place of WOODROSE COLFORT MYERS FL	urt .	Mailing Address 12369-5 WOODROSE COURT FORT MYERS FL 33907			UUUU4861					
2. Principal Plac	e of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE II	N THIS SPA	CE		
City & State		City & State			4. FEI Number 59-2169940 Applied For Not Applicable]
Zip Country		Zip Coui			5. Certificate	of Status Desired	□ \$8	3.75 Add	litional	1
	6. Name and Address of Current Registered Agent				7. Name and	Address of New Regi				1
MEYERS, GRETCHEN 12365-3 WOODROSE COURT FORT MYERS FL 33907					(P.O. Box Numbe	er is Not Acceptable)		75-0-4		
8. The above named entity submits this statement for the purpose of changing its regis SIGNATURE Signature, typed or printed name of registered agent and title lifepolicable (NOTE: Regis				ice or registe	red agent, or bot		FL	Zip Code		
FILE NOW: 9. Election Camp FEE IS \$61.25 Trust Fund Co			Good May be							
10.					ADDITIONS/CHA	NGES TO OFFICERS]_
NAME A	TD MASSEY, VICKI 12361-1 WOODROSE CT FT MYERS, FL 00000 33907	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZH	l l			L] Change	☐ Addition	CR2E037 (10/00)
TITLE NAME STREET ADDRESS 1	/D Kustek, Jack 12353-1 Woodrose Ct Ft Myers Fl. 33907	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII	i] Change	☐ Addition	CR2
NAME NAME STREET ADDRESS 1	SD MEYERS, GRETCHEN 12365-3 WOODROSE CT T MYERS FL 33907	Delete	TITLE NAME STREET ADD CITY-ST-ZIF	RESS	esident-i	2001	····/	Change_	[Addition =	
NAME G STREET ADDRESS 1 CITY-ST-ZIP F	PD GRISSINGER LYNNAN 12363-1-WOODROSE CT T MYERS FL	Celete	TITLE NAME STREET ADD CITY-ST-ZIF	RESS 123	retury 2 oke Walli Wa-3 We Myers, F	001 S-Kennedy odrose Ct. -2 33907] Change	Addition	
NAME B STREET ADDRESS 1	OVP BRADLEY, KAREN 2339-1-WOODROSE CR T MYERS FL	Deflete	TITLE NAME STREET ADD CITY-ST-ZIF	Diki ブim 1330	ectbr b Eggers 63-4 Was Myers, F	ooli Lase Cto] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ify that the information supplied with	☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP	RESS				Change	Addition	

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

1-6-01

941-765-4922 Daytime Phone #