


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90072 010 \*\*\*\*61.25

**DOCUMENT # 748936**

1. Entity Name  
**PARKWOODS VI, HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**WOODROSE COURT  
 FORT MYERS, FL 33911**

Mailing Address  
**12369-5 WOODROSE COURT  
 FORT MYERS, FL 33907**

**66433215**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07022004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**MEYERS, GRETCHEN  
 12365-3 WOODROSE COURT  
 FORT MYERS, FL 33907**


7. Name and Address of New Registered Agent

Name **BROOKE WALLIS**

Street Address (P.O. Box Number is Not Acceptable)  
**12369-3 WOODROSE CT**

City **FT. MYERS** FL Zip Code **33907**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Brooke Wallis** DATE **8/31/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**


10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, BOB</b>	
STREET ADDRESS	<b>12351-4 WOODROSE CT</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 00000, 33907</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>KUSTEK, JACK</b>	
STREET ADDRESS	<b>12353-1 WOODROSE CT</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 33907</b>	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>MEYERS, GRETCHEN</b>	
STREET ADDRESS	<b>12365-3 WOODROSE CT</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 33907</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>WALLIS-KENNEDY, BROOKE</b>	
STREET ADDRESS	<b>12369-3 WOODROSE CT</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33907</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>KUSTEK, DUDLEY</b>	
STREET ADDRESS	<b>12353-1 WOODROSE CT</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33907</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TERESA JONES</b>	
STREET ADDRESS	<b>12369-1 WOODROSE CT</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33907</b>	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACK KUSTER</b>	
STREET ADDRESS	<b>12353-3 WOODROSE CT</b>	
CITY-ST-ZIP	<b>FT. MYERS, FL 33907</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEBBIE KUSTEK</b>	
STREET ADDRESS	<b>12353-3 WOODROSE CT</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 33907</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:  **ROBERT T. CAMPBELL** DATE **8-31-04** DAYTIME PHONE **(339) 277-0521**


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

8/13/2004-90072-010-\$61.25-\$61.25

*Attachment*

*66433215*

<b>DOCUMENT # 748936</b>			
1. Entity Name PARKWOODS VI HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business WOODROSE COURT FORT MYERS, FL 33911		Mailing Address 12369-5 WOODROSE COURT FORT MYERS, FL 33907	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
08092004		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2169940		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEYERS, GRETCHEN 12365-3 WOODROSE COURT FORT MYERS, FL 33907		N <sup>o</sup> <i>Brooke Wallis</i> Street Address (P.O. Box Number is Not Acceptable) <i>12369-5 Woodrose Ct</i> City <i>Ft. Myers</i> FL Zip Code <i>33907</i>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Robert Campbell</i>		SIGNATURE <i>ROBERT T. CAMPBELL</i>	
Signature, typed or printed name of registered agent, and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <i>8-10-04</i>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD CAMPBELL, BOB <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Teresa Jones</i>
STREET ADDRESS	12351-4 WOODROSE CT	STREET ADDRESS	<i>12369-1 woodrose ct</i>
CITY-ST-ZIP	FT MYERS, FL 00000, 33907	CITY-ST-ZIP	<i>Ft. Myers FL 33907</i>
TITLE	VD KUSTEK, JACK <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>Jack Kustek</i>
STREET ADDRESS	12353-1 WOODROSE CT	STREET ADDRESS	<i>12353-1 woodrose ct</i>
CITY-ST-ZIP	FT MYERS, FL 33907	CITY-ST-ZIP	<i>Ft. Myers FL 33907</i>
TITLE	PD MEYERS, GRETCHEN <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Debbie Kustek</i>
STREET ADDRESS	12365-3 WOODROSE CT	STREET ADDRESS	<i>12351-1 woodrose ct</i>
CITY-ST-ZIP	FT MYERS, FL 33907	CITY-ST-ZIP	<i>Ft. Myers FL 33907</i>
TITLE	SD WALLIS-KENNEDY, BROOKE <input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS	12369-3 WOODROSE CT	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33907	CITY-ST-ZIP	
TITLE	D KUSTEK, DUDLEY <input checked="" type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS	12353-1 WOODROSE CT	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33907	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 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 <i>Robert Campbell</i>		SIGNATURE <i>ROBERT T. CAMPBELL</i>	
Signature and typed or printed name of signing officer or director		Date <i>8/10/04</i> Daytime Phone # <i>239-277-0521</i>	