

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **748969** (3)  
1. Corporation Name  
**PARKWOODS VII HOMEOWNERS ASSOCIATION, INC.**

95 FEB -8 AM 9:37

Principal Place of Business	Mailing Address
PO BOX 60544 FT MYERS FL 33906 US	PO BOX 60544 FT MYERS FL 33906 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/18/1979</b>	3a. Date of Last Report <b>01/25/1994</b>
4. FEI Number <b>59-2288999</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**GILMORE, DONALD A**  
**12364-2 WOODROSE COURT**  
**FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** **85** Zip Code \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CAHILL, DOROTHY
STREET ADDRESS	12360-4 WOODROSE CT
CITY - ST - ZIP	FT MYERS, FL 33907
TITLE	VD
NAME	REDMOND, LOIS
STREET ADDRESS	12342-2 WOODROSE COURT
CITY - ST - ZIP	FT MYERS, FL 33907
TITLE	TD
NAME	GILMORE, DONALD A
STREET ADDRESS	12364-2 WOODROSE CT
CITY - ST - ZIP	FT MYERS, FL 33907
TITLE	SD
NAME	HENKE, BONNIE
STREET ADDRESS	12354-2 WOODROSE CT
CITY - ST - ZIP	FT MYERS, FL 33907
TITLE	SD
NAME	BROWN, RUTH JOAN
STREET ADDRESS	12366-4 WOODROSE CT
CITY - ST - ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD Lisa Farrell
2.3 STREET ADDRESS	1570-4 Park Meadows Drive
2.4 CITY - ST - ZIP	Fort Myers, FL 33907
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S/D Bonnie Pascale
4.3 STREET ADDRESS	13 Pepita Street
4.4 CITY - ST - ZIP	Fort Myers Beach, FL, 33931
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 regular or limited powerholder to execute the report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald Gilmore *Donald A. Gilmore* 2-1-95 (813) 275-9023  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time