FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Feb 19, 1999 8:00 am Secretary of State

	1999	WE TANK	DIVISION OF	CORPORA	TIONS	02-19-1999 90007 044 ****61.25		
DOCUI	MENT # 7489 6	3 9						
PARKWOODS VII HOMEOWNERS ASSOCIATION, INC.						- :		
						734709000/_44		
Principal Place	e of Business	Mailin	g Address					
•			OX 60544				11 I 11	
PO BOX 60544 PO BOX 60544 Ft myers fl 33906 Ft myers fl 33906] 		
US		US					H 1981	
2. Principal P	lace of Business	Ža. Ma	ailing Address			3. Date Incorporated or Qualifed		
ī ''		26			_	09/18/1979		
Suite, Apt.	#, etc.	Si	ite, Apt. #, etc.			4. FEI Number Applied		
2		27				59-2288999 Not App		
City & Stat	te	28 Ci	ty & State			5. Certificate of Status Desired \$8.75 Addition Fee Require		
Zip	Country	Zij	0	Count	гу	6. Election Campaign Financing \$5.00 May		
•	25	29		30		Trust Fund Contribution Added to Fe	es	
	9. Name and Address of Cu	irrent Register	ed Agent		4	10. Name and Address of New Registered Agent		
				*	1 Name	e		
GILMORE, DONALD A				8	2 Street	et Address (P.O. Box Number is Not Acceptable)		
12364-2 WOODROSE COURT				-	3			
FT. MYERS FL 33907				5	3			
•				ε	4 City	FL 85 Zip Code		
agent. I a SIGNATURE	Signature, typed or printed name of registere					re required when reinstating) DATE	_	
12.		S AND DIRECT		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	SD		☐ DELETE	1.1 TITL		Change	Addition	
AME	CAHILL, DOROTHY			1.2 NAM	E			
STREET ADDRESS				1.3 STRI	EET ADDRESS	SS '		
CITY-ST-ZIP	FT MYERS, FL 33907			1.4 CITY	-ST-ZIP		7.4.1.22	
TITLE	PD		☐ DELETE	2.1 TITL	Ē	☐ Change] Addition	
NAME	FARRELL, LISA			2.2 NAM	E			
STREET ADORESS	1570-4 PARK MEADOWS D	RIVE		. 2.3 STR	EET ADDRESS	ss '		
CITY-ST-ZIP	FORT MYERS FL				/-ST-ZIP	- Change	Addition	
TITLE	TD		☐ DELETÉ	3.1 TITU		· Criango		
NAME	GILMORE, DONALD A			3.2 NAM				
STREET ADDRESS					EET ADORESS	58		
CITY-ST-ZIP	FT MYERS, FL 33907		☐ DELETE	3.4. CIT	/-ST-ZNP	☐ Change	Addition	
IIILE	SD DOWN DUTH IOAN		- DECENE	4. 2 NAA			_	
VAME	BROWN, RUTH JOAN 12366-4 WOODROSE CT			1	EET ADDRESS	22		
STREET ADORESS	FT. MYERS FL				-ST-ZIP			
CITY-ST-ZIP TITLE	VD		DELETE	5.1 TITL		- 1 V II	Addition	
NAME	PASCALE, BENNIE			5.2 NAM	E	Jane Erwin 12360-2 woodrose CT FT. Myers, FI 33907		
STREET ADDRESS	OODDOOF OT			5.3 STR	EET ADDRESS	12360-2 woodrose CT		
C/TY-ST-ZIP	FT MYERS FL 33907			5.4 CITY	-ST-ZIP	FT. Myers FI 33907		
TITLE	-		☐ DELETE	6.1 TITL	E	J / □ Change	Addition	
NAME	}			6.2 NAW	E			
STREET ADORESS	3			•	EET ADDRESS	SS		
	1			0.4.000	'-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: