

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90078 002 ****61.25

DOCUMENT # 748969

1. Entity Name

PARKWOODS VII HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 60544
 FT MYERS FL 33906
 US

PO BOX 60544
 FT MYERS FL 33906-6544
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2288999

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **SD** Delete
 NAME: **CAHILL, DOROTHY**
 STREET ADDRESS: **12360-4 WOODROSE CT**
 CITY-ST-ZIP: **FT MYERS, FL 33907**

TITLE: **PD** Change Addition
 NAME: **PD**
 STREET ADDRESS: **PD**
 CITY-ST-ZIP: **PD**

TITLE: **PD** Delete
 NAME: **FARRELL, LISA**
 STREET ADDRESS: **1570-4 PARK MEADOWS DRIVE**
 CITY-ST-ZIP: **FORT MYERS FL**

TITLE: **SD** Change Addition
 NAME: **KUSSMAUL, FRAN**
 STREET ADDRESS: **12334-4 WOODROSE CT**
 CITY-ST-ZIP: **FT MYERS, FL 33907**

TITLE: **TD** Delete
 NAME: **GILMORE, DONALD A**
 STREET ADDRESS: **12364-2 WOODROSE CT**
 CITY-ST-ZIP: **FT MYERS, FL 33907**

TITLE: Change Addition
 NAME: **ERWIN, JANE**
 STREET ADDRESS: **12360-2 WOODROSE CT**
 CITY-ST-ZIP: **FT. MYERS FL 33907**

TITLE: **SD** Delete
 NAME: **BROWN, RUTH JOAN**
 STREET ADDRESS: **12366-4 WOODROSE CT**
 CITY-ST-ZIP: **FT. MYERS FL**

TITLE: Change Addition
 NAME: **ERWIN, JANE**
 STREET ADDRESS: **12360-2 WOODROSE CT**
 CITY-ST-ZIP: **FT. MYERS FL 33907**

TITLE: **VD** Delete
 NAME: **ERWIN, JANE**
 STREET ADDRESS: **12360-2 WOODROSE CT**
 CITY-ST-ZIP: **FT. MYERS FL 33907**

TITLE: Change Addition
 NAME: **ERWIN, JANE**
 STREET ADDRESS: **12360-2 WOODROSE CT**
 CITY-ST-ZIP: **FT. MYERS FL 33907**

TITLE: Delete
 NAME: **ERWIN, JANE**
 STREET ADDRESS: **12360-2 WOODROSE CT**
 CITY-ST-ZIP: **FT. MYERS FL 33907**

TITLE: Change Addition
 NAME: **ERWIN, JANE**
 STREET ADDRESS: **12360-2 WOODROSE CT**
 CITY-ST-ZIP: **FT. MYERS FL 33907**

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:

Donald A. Gilmore
REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer 1-14-2000 275-9023
 Date Daytime Phone #

CFR2E037 (9/99)