

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

0068702

DOCUMENT # 748969

1. Entity Name

PARKWOODS VII HOMEOWNERS ASSOCIATION, INC.

04-28-2001 90033 019 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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 DOROTHY M CAHILL

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

12360-4 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.

SIGNATURE Dorothy M. Cahill, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

1-2-01

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	PD	<input type="checkbox"/> Delete
NAME	CAHILL, DOROTHY	
STREET ADDRESS	12360-4 WOODROSE CT	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GILMORE, DONALD A	
STREET ADDRESS	12364-2 WOODROSE CT	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, RUTH JOAN	
STREET ADDRESS	12366-4 WOODROSE CT	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ERWIN, JANE	
STREET ADDRESS	12360-2 WOODROSE CT	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KUSSMAUL, FRAN	
STREET ADDRESS	12334-4 WOODROSE CT	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSSMAUL, FRAN	
STREET ADDRESS	12334-4 WOODROSE CT	
CITY-ST-ZIP	FT MYERS, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, Dorothy	
STREET ADDRESS	12324 WOODROSE CT	
CITY-ST-ZIP	FT MYERS, FL 33907	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, Terry	
STREET ADDRESS	12342.1 WOODROSE CT	
CITY-ST-ZIP	FT MYERS, FL 33907	
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-01 Dorothy M Cahill

Date

Daytime Phone #

CR2E037 (10/00)