

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

DOCUMENT# 748969

**FILED  
Jan 11, 2004  
Secretary of State**

**Entity Name:** PARKWOODS VII HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 60544  
FT MYERS, FL 33906 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 60544  
FT MYERS, FL 33906 US

**New Mailing Address:**

**FEI Number:** 59-2288999      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAHILL, DOROTHY M  
12360-4 WOODROSE CRT  
FT. MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CAHILL, DOROTHY  
Address: 12360-4 WOODROSE CT  
City-St-Zip: FORT MYERS, FL 33907

Title: TD ( ) Delete  
Name: STREETS, FRAN  
Address: 12334-4 WOODROSE CRT  
City-St-Zip: FORT MYERS, FL 33907

Title: SD ( ) Delete  
Name: JEFFREY, MARY  
Address: 12366-4 WOODROSE CT  
City-St-Zip: FORT MYERS, FL 33906

Title: PD ( ) Delete  
Name: FOSS, TERESSA  
Address: 12358-2 WOODROSE COURT  
City-St-Zip: FT. MYERS, FL 33907

Title: VD ( ) Delete  
Name: DEBROCK, ROBERT  
Address: 12362-3 WOODROSE CT  
City-St-Zip: FORT MYERS, FL 33906

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES STREETS

TD

01/11/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date