2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 16, 2005 8:00 am Secretary of State 02-16-2005 90018 039 ****61.25

DOCUMENT # 748969 1. Entity Name PARKWOODS VII HOMEOWNERS ASSOCIATION, INC.						5 90018 039 ***	*61.25
Principal Place of Business PO BOX 60544 FT MYERS, FL 33906 US		Mailing Address PO BOX 60544 FT MYERS, FL 33906 US			10012	11 BYSN SIGN SISN SPSN SDS(1	######################################
2. Principal Place of Business		3. Mailing Address					
		Suite, Apt. #, etc.)) 61811 81911 BIÐI SIÐI BIÐI	
Suite, Apt. #, etc.					Chg-NP	CR2E037 (10/03	·
City & State		City & State		4. TEI-Number 59-2288	99		Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of	Status Desired	□ \$8.75 / Fee Requ	
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New I	Registered Agent	
CAHILL, DOROTHY M			Name~	8 · · · · · · · · · · · · · · · · · · ·			
12360-4 WOODROSE CRT FT. MYERS, FL. 33907			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip C	Code
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or	registered agent, or both	in the State of F	· · · · · · · · · · · · · · · · · · ·	ith, and accept
the obligat	ions of registered agent.	l i					,
SIGNATURE .	Dorothy Lah					2-14-0	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signatu	re required when reinstating)		DATE	
SIGNATURE :	Signature, typed or printedname of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Ca	mpaign Financing	se required when reinstating) \$5.00 May Be Added to Fees		Make check payable of the Department of the Depa	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI	9. Election Ca Trust Fund	mpaign Financing	\$5.00 May Be Added to Fees	Flo	erida Department of ERS AND DIRECTORS	S IN 10
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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR