


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.



Principal Place of Business
 PO BOX 60544
 FT MYERS, FL 33906 US

Mailing Address
 PO BOX 60544
 FT MYERS, FL 33906 US

40018012



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02122005 Chg-NP CR2E037 (10/03)

City & State
 City & State

Zip
 Country

4. PEI-Number
59-2288999

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dorothy Cahill (NOTE: Registered Agent signature required when reinstating)

DATE 2-14-05

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAHILL, DOROTHY 12360-4 WOODROSE CT FORT MYERS, FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STREETS, FRAN 12334-4 WOODROSE CRT FORT MYERS, FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEFFREY, MARY 12368-4 WOODROSE CT FORT MYERS, FL 33906	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSS, TERESSA 12358-2 WOODROSE COURT FT. MYERS, FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEBROCK, ROBERT 12362-3 WOODROSE CT FORT MYERS, FL 33906	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEVERLY BUNDY 12354-1 WOODROSE CT FT MYERS, FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD TAFT 12344-4 WOODROSE CT FT MYERS, FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Chances Sheets Treasurer DATE: 2-14-05 DAYTIME PHONE #: 239-942-7118