

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2006
Secretary of State**

DOCUMENT# 748969

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: BUNDY, BEVERLY
Address: 12354-1 WOODROSE CT
City-St-Zip: FORT MYERS, FL 33907

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

Title: VD () Delete
Name: TAFT, RICHARD
Address: 12344-4 WOODROSE CT
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAHILL, DOROTHY
Address: 12360-4 WOODROSE CT
City-St-Zip: FORT MYERS, FL 33907

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

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

Title: D (X) Change () Addition
Name: MILLER, JAMES
Address: 12344-1 WOODROSE COURT
City-St-Zip: FT. MYERS, FL 33907

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 Chapter 119, 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

01/21/2006

Electronic Signature of Signing Officer or Director

Date