

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90103 005 \*\*\*\*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**

*60002472*



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142007 Chg-NP CR2E037 (12/06)

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
 NAME **CAHILL, DOROTHY**  
 STREET ADDRESS **12360-4 WOODROSE CT**  
 CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **STREETS, FRAN**  
 STREET ADDRESS **12334-4 WOODROSE CRT**  
 CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **BUNDY, BEVERLY**  
 STREET ADDRESS **12354-1 WOODROSE CT**  
 CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE  Change  Addition  
 NAME **MARY JEFFREY**  
 STREET ADDRESS **12362-4 Woodrose Ct**  
 CITY-ST-ZIP **FT MYERS, FL 33907**

TITLE **D**  Delete  
 NAME **MILLER, JAMES**  
 STREET ADDRESS **12344-1 WOODROSE COURT**  
 CITY-ST-ZIP **FT. MYERS, FL 33907**

TITLE  Change  Addition  
 NAME **Krista Gentle**  
 STREET ADDRESS **12342-1 Woodrose Ct**  
 CITY-ST-ZIP **FT MYERS, FL 33907**

TITLE **VD**  Delete  
 NAME **TAFT, RICHARD**  
 STREET ADDRESS **12344-4 WOODROSE CT**  
 CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Frances Stueb*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-14-07 239-849-8106*  
 Date Daytime Phone #