

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755323

FILED  
Mar 13, 2009  
Secretary of State

**Entity Name:** PARKWOOD VILLAS HOMEOWNERS ASSOCIATION, II, INC.

**Current Principal Place of Business:**

530 CONSTRUCTION LN  
LEHIGH ACRES, FL 33936 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1058  
LEHIGH ACRES, FL 33970

**New Mailing Address:**

**FEI Number:** 59-2053911

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, JOSEPH  
14241 METROPOLIS AVE STE 100  
FORT MYERS, FL 33912 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: SD ( ) Delete  
Name: DEVINCOLIS, LYDIA  
Address: 225 BETH STACEY BLVD  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DV ( ) Delete  
Name: KIRK, DAVID  
Address: 1604 MARGATE BLVD.  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D ( ) Delete  
Name: FLEMING, WILLIAM  
Address: 180 21ST STREET NW  
City-St-Zip: NAPLES, FL 34120

Title: DP (X) Delete  
Name: SLYCORD, ROBERT  
Address: 220 OAKMONT PKWY  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DT (X) Delete  
Name: BOLLA, JAMES  
Address: 216 OAKMONT PKWY  
City-St-Zip: LEHIGH ACRES, FL 33936

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

Title: STD (X) Change ( ) Addition  
Name: DEVINCOLIS, LYDIA  
Address: PO BOX 1058  
City-St-Zip: LEHIGH ACRES, FL 33970

Title: DV (X) Change ( ) Addition  
Name: KIRK, DAVID  
Address: PO BOX 1058  
City-St-Zip: LEHIGH ACRES, FL 33970

Title: DP (X) Change ( ) Addition  
Name: SLYCORD, ROBERT  
Address: PO BOX 1058  
City-St-Zip: LEHIGH ACRES, FL 33970

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 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: ROBERT SLYCORD

P

03/13/2009

Electronic Signature of Signing Officer or Director

Date