

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741523

**Entity Name:** PARKWOODS II HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC9619491606**

**Current Principal Place of Business:**

J GARTH & ASSOCIATES  
12995 SO. CLEVELAND AVE  
FORT MYERS, FL 33907

**Current Mailing Address:**

J GARTH & ASSOCIATES  
P O BOX 61851  
FORT MYERS, FL 33906 US

**FEI Number: 59-2081912**

**Certificate of Status Desired: No**

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

MILLER, JON  
J GARTH & ASSOCIATES  
12995 SO. CLEVELAND AVE  
FORT MYERS, FL 33907 US

*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: JON MILLER**

**05/01/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BARNES, MARY  
Address P.O. BOX 61851  
City-State-Zip: FORT MYERS FL 33906

Title VP  
Name JUNGLE, PAT  
Address P.O. BOX 61851  
City-State-Zip: FORT MYERS FL 33096

Title TREASURER  
Name JEFFERS, DONALD  
Address P.O. BOX 61851  
City-State-Zip: FORT MYERS FL 33906

Title SECRETARY  
Name DUNCAN, ALLAN  
Address P O BOX 61851  
City-State-Zip: FT. MYERS FL 33906

Title DIRECTOR  
Name CHERRINGTON, JACQUELINE  
Address P.O. BOX 61851  
City-State-Zip: FT. MYERS FL 33906

*I hereby 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 all other like empowered.*

**SIGNATURE: MARY BARNES**

**PRESIDENT**

**05/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date