

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741523

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

**FILED**  
**Apr 15, 2019**  
**Secretary of State**  
**0983174812CC**

**Current Principal Place of Business:**

STARFISH ASSOCIATION MANAGEMENT, LLC  
12995 SO. CLEVELAND AVE #176  
FORT MYERS, FL 33907

**Current Mailing Address:**

STARFISH ASSOCIATION MANAGMEENT, LLC  
12995 S. CLEVELAND AVE #176  
FORT MYERS, FL 33907 US

**FEI Number:** 59-2081912

**Certificate of Status Desired:** No

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

STARFISH ASSOCIATION MANAGEMENT, LLC  
STARFISH ASSOCIATION MANAGEMENT, LLC  
12995 SO. CLEVELAND AVE #176  
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:** LINDA K. HARDWICK

04/15/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, PRESIDENT  
Name PETTIT, JULIE  
Address 12995 S. CLEVELAND AVE #176  
City-State-Zip: FORT MYERS FL 33907  
  
Title SECRETARY  
Name FLOYD, LYNDELL  
Address STARFISH ASSOCIATION MANAGEMENT, LLC  
12995 SO. CLEVELAND AVE #176  
City-State-Zip: FORT MYERS FL 33907

Title VP, TREASURER  
Name FLOYD, TROY  
Address STARFISH ASSOCIATION MANAGEMENT, LLC  
12995 SO. CLEVELAND AVE #176  
City-State-Zip: FORT MYERS FL 33907

*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:** JULIE PETTIT

PRESIDENT

04/15/2019

Electronic Signature of Signing Officer/Director Detail

Date