## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 741523** 

Entity Name: PARKWOODS II HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 11, 2022
Secretary of State
7308506289CC

## **Current Principal Place of Business:**

STARFISH ASSOCIATION MANAGEMENT, LLC

8960 ANDOVER STREET FORT MYERS, FL 33907

## **Current Mailing Address:**

STARFISH ASSOCIATION MANAGEMENT, LLC 8960 ANDOVER STREET 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 8960 ANDOVER STREET 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 01/11/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitlePRESIDENTTitleDURE, DIRECTORNameFLOYD, TROYNameDUNCAN, ALLEN

Address STARFISH ASSOCIATION Address STARFISH ASSOCIATION

MANAGEMENT, LLC
8960 ANDOVER STREET
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City-State-Zip: FORT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

Title TREASURER Title VP

Name FLOYD, LYNDELL Name STURGELL, CHRYSTAL

Address STARFISH ASSOCIATION Address STARFISH ASSOCIATION

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City-State-Zip: FORT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

Title SECRETARY
Name JOINER, VALERIE

Address STARFISH ASSOCIATION

MANAGEMENT, LLC 8960 ANDOVER STREET

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: TROY FLOYD PRESIDENT 01/11/2022