

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 741523

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

**FILED**  
**Aug 17, 2021**  
**Secretary of State**  
**9678871584CC**

**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**

**08/17/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FLOYD, TROY  
Address        STARFISH ASSOCIATION  
                  MANAGEMENT, LLC  
                  8960 ANDOVER STREET  
City-State-Zip: FORT MYERS FL 33907

Title            VP  
Name            DUNCAN, ALLEN  
Address        STARFISH ASSOCIATION  
                  MANAGEMENT, LLC  
                  8960 ANDOVER STREET  
City-State-Zip: FORT MYERS FL 33907

Title            TREASURER  
Name            FLOYD, LYNDELL  
Address        STARFISH ASSOCIATION  
                  MANAGEMENT, LLC  
                  8960 ANDOVER STREET  
City-State-Zip: FORT MYERS FL 33907

Title            SECRETARY  
Name            STURGELL, CHRYSTAL  
Address        STARFISH ASSOCIATION  
                  MANAGEMENT, LLC  
                  8960 ANDOVER STREET  
City-State-Zip: FORT MYERS FL 33907

Title            DIRECTOR  
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**

**08/17/2021**

Electronic Signature of Signing Officer/Director Detail

Date