

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743846

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

**Current Principal Place of Business:**

1531-1 PARK MEADOW DR  
FT MYERS, FL 33907

**Current Mailing Address:**

P. O. BOX 61376  
FT MYERS, FL 33906 US

**FEI Number: 59-2014834**

**Certificate of Status Desired: No**

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

BALLANTINE, ARDENE CTREASUR  
1531-1 PARK MEADOW DRIVE  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name BALLANTINE, ARDENE C  
Address 1531-1 PARK MEADOWS DR  
City-State-Zip: FT MYERS FL 33907

Title PD  
Name ROUSHER, DAVID  
Address 1513-1 PARK MEADOW DRIVE  
City-State-Zip: FORT MYERS FL 33907

Title SD  
Name BENNETT, AMANDA  
Address 1507-4 PARK MEADOW DRIVE  
City-State-Zip: FORT MYERS FL 33907

Title VPD  
Name ROSE, NANCY  
Address 1525-2 PARK MEADOWS DRIVE  
City-State-Zip: FT 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: ARDENE C. BALLANTINE**

**TREASURER/DIRECTOR**

**04/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date