| 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. |

TREASURER

DOCUMENT# 748936

Entity Name: PARKWOODS VI HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12369 WOODROSE COURT #5 FORT MYERS, FL 33907

Current Mailing Address:

12369 WOODROSE COURT #5 FORT MYERS, FL 33907

FEI Number: 59-2169940

Name and Address of Current Registered Agent:

LINDQUIST, LORI 12369 WOODROSE CT #5 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 | E LORI LINDQUIST | | | 02/02/2018 | |
|---------------------------|--|-----------------|----------------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Officer/Director Detail : | | | | | |
| Title | Р | Title | DIR | | |
| Name | LINDQUIST , LORI | Name | BERENS, MICHAEL | | |
| Address | 12369 WOODROSE COURT #5 | Address | 12369 WOODROSE COURT #5 | | |
| City-State-Zip: | FORT MYERS FL 33907 | City-State-Zip: | FORT MYERS FL 33907 | | |
| Title | TREASURER | Title | VP | | |
| Name | GRIFFIN, PAMELA S | Name | SIMON, OLIVIA H | | |
| Address | 12369 WOODROSE COURT #5 | Address | 12369 WOODROSE COURT #5 | | |
| City-State-Zip: | FORT MYERS FL 33907 | City-State-Zip: | FORT MYERS FL 33907 | | |
| Title | SECRETARY | | | | |
| Name | SHUCK, KIRSTEN | | | | |
| Address | 12369 WOODROSE COURT #5 | | | | |
| City-State-Zip: | FORT MYERS FL 33907 | | | | |

SIGNATURE: PAMELA GRIFFIN

I

Electronic Signature of Signing Officer/Director Detail

FILED Feb 02, 2018 Secretary of State CC7629040090

Certificate of Status Desired: No

02/02/2018

Date