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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712641

1. Corporation Name

PARK SOUTH TWO, INC., (A CONDOMINIUM)

Principal Place of Business
**8457 W OAKLAND PARK BLVD
SUNRISE FL 33351
US**

Mailing Address
**% DIVERSIFIED MGMT.
P.O. BOX 451418
SUNRISE FL 33345-1418
US**

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/21/1967

4. FEI Number

59-1236957

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**DIVERSIFIED MANAGEMENT SERVICES
8457 W OAKLAND PARK BLVD
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **EFFENBERGER, JOAN**
STREET ADDRESS **1440 NW 43 TERR #202**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE **VD** ☐ DELETE
NAME **DECICCO, RUTH**
STREET ADDRESS **1500 NW 43RD TERR. 5/202**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE **D** ☒ DELETE
NAME **CORDA, ANTOINETTE**
STREET ADDRESS **1400 NW 43RD TERR**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE **TD** ☐ DELETE
NAME **DECICCO, ERNEST**
STREET ADDRESS **1500 NW 43RD TERR. 5/202**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE **PD** ☐ DELETE
NAME **ADKINS, ELAINE**
STREET ADDRESS **1500 NW 43RD TERR. 5/107**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE **D** ☐ DELETE
NAME **GIANGIOBBE, TOM**
STREET ADDRESS **4330 NW 16TH STREET 2/202**
CITY-ST-ZIP **LAUDERHILL FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **NOWICKI, JOHN**
1.3 STREET ADDRESS **1500 NW 43 TERR 5/108**
1.4 CITY-ST-ZIP **LAUDERHILL, FLORIDA**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **DECICCO, RUTH**
2.3 STREET ADDRESS **1500 NW 43 TERR. 5/202**
2.4 CITY-ST-ZIP **LAUDERHILL, FL.**

3.1 TITLE **TD** ☐ Change ☒ Addition
3.2 NAME **SHIRLEY BODIFORD**
3.3 STREET ADDRESS **1500 NW 43 TERR. 5/107**
3.4 CITY-ST-ZIP **LAUDERHILL, FL.**

4.1 TITLE **ASST.T.D** ☒ Change ☐ Addition
4.2 NAME **DECICCO, ERNEST**
4.3 STREET ADDRESS **1500 NW 43 TERR. 5/202**
4.4 CITY-ST-ZIP **LAUDERHILL, FL**

5.1 TITLE **VP.D** ☒ Change ☐ Addition
5.2 NAME **ADKINS, ELAINE**
5.3 STREET ADDRESS **1500 NW 43 TERR 5/107**
5.4 CITY-ST-ZIP **LAUDERHILL, FL.**

6.1 TITLE **S.D.** ☒ Change ☐ Addition
6.2 NAME **GIANGIOBBE, TOM**
6.3 STREET ADDRESS **4330 NW 16 STREET 2/202**
6.4 CITY-ST-ZIP **LAUDERHILL, FL**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99

954-572-1880

Date

Daytime Phone #

CR2E037 (11/98)