

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712641

FILED
Jan 25, 2011
Secretary of State

Entity Name: PARK SOUTH TWO, INC., (A CONDOMINIUM)

Current Principal Place of Business:

MIAMI MANAGEMENT
1145 SAWGRASS CORP. PARKWAY
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

MIAMI MANAGEMENT
1145 SAWGRASS CORP. PARKWAY
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 59-1236957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND RD., STE. 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

BAKALAR AND ASSOCIATES
150 SOUTH PINE ISLAND RD., STE. 540
PLANTATION, FL 33324 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: SUSAN BAKALAR

01/25/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: BETHELMY, ARCHIBALD
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323 US

Title: S
Name: JEVREMOV, MARIA
Address: 1145 SAWGRASS CORP. PKWY.
City-St-Zip: SUNRISE, FL 33323 US

Title: P
Name: WHEELOCK, EDWARD
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323 US

Title: T
Name: BLAKE, FRANKIE
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323 US

Title: D
Name: DEMPSTER, DANNIE
Address: 1145 SAWGRASS CORP. PARKWAY
City-St-Zip: SUNRISE, FL 33323

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: EDWARD WHEELOCK

PRES

01/25/2011

Electronic Signature of Signing Officer or Director

Date