


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-28-2003 90964 029 ****61.25

DOCUMENT # 712641

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



Principal Place of Business Mailing Address
1500 NW 43 TERRACE **1500 NW 43 TERRACE**
LAUDERHILL FL 33313 **LAUDERHILL FL 33313**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1236957** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BAKALAR, BROUGH & CHADROW PA
WESTSIDE CORPORATE CENTER
150 SOUTH PINE ISLAND RD SUITE 540
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME PD CHARNEY, PHILIP	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1400 NW 43 TERRACE #202	
CITY-ST-ZIP LAUDERHILL FL 33313	
TITLE NAME VPD SULLIVAN, JOE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1440 NW 43 TERRACE #707	
CITY-ST-ZIP LAUDERHILL FL 33313	
TITLE NAME STD WANGIOBBE, TIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4330 NW 16 STREET #702	
CITY-ST-ZIP LAUDERHILL FL 33313	
TITLE NAME D DECICCO, ERNEST	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1500 NW 43RD TERR. 5/202	
CITY-ST-ZIP LAUDERHILL FL 33313	
TITLE NAME VPD ADKINS, ELAINE	<input type="checkbox"/> Delete
STREET ADDRESS 1500 NW 43RD TERR. 5/107	
CITY-ST-ZIP LAUDERHILL FL	
TITLE NAME VPD GIANGIOBBE, TOM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4330 NW 16TH ST # 102	
CITY-ST-ZIP LAUDERHILL FL 33313	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME Vice-President - VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS Bettina Turner	
CITY-ST-ZIP 1500 NW 43 Terr. #108	
Lauderhill, FL 33313	
TITLE NAME Secretary - SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS Yvonne Thomas-Tunnage	
CITY-ST-ZIP 1440 NW 43 Terr. #102	
Lauderhill, FL 33313	
TITLE NAME Treasurer - TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS Shirley Bodiford	
CITY-ST-ZIP 1500 NW 43 Terr. #107	
Lauderhill, FL 33313	
TITLE NAME Director - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS Florence Banks	
CITY-ST-ZIP 1590 NW 43 Terr. # 107	
Lauderhill, FL 33313	
TITLE NAME President - PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS Elaine Adkins	
CITY-ST-ZIP 1500 NW 43 Terr. #107	
Lauderhill, FL 33313	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/24/03 954-739-9845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)