

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 713260 (8)**

1. Corporation Name  
**PARK SOUTH THREE, INC., A CONDOMINIUM**



Principal Place of Business Mailing Address  
**1321 N.W.43RD AVE. LAUDERHILL FL 33313**

3. Date Incorporated or Qualified **08/28/1967** 3a. Date of Last Report **05/16/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **59-1264128** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**STRAJNIC, ROSEMARY  
1331 NW 43 AVE  
LAUDERHILL FL 33313**

10. Name and Address of New Registered Agent  
81 Name **YVON BARNABE**  
82 Street Address (P.O. Box Number Is Not Acceptable) **1300 N.W. 43 Terr. # 206**  
83 **LAUDERHILL FL 33313**  
84 City **FL** 85 Zip Code **33313**

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]* **YVON BARNABE** DATE **1/15/96**  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>BARNABE, YVON</b>
STREET ADDRESS	<b>1300 NW 43 TERR, STE 206</b>
CITY-ST-ZIP	<b>LAUDERHILL FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MARTIN, TONY</b>
STREET ADDRESS	<b>1300 NW 43 TERR, STE 205</b>
CITY-ST-ZIP	<b>LAUDERHILL FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>FORMAN, MILDRED</b>
STREET ADDRESS	<b>1321 NW 43 AVE</b>
CITY-ST-ZIP	<b>LAUDERHILL FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PRICE, CHARLENE</b>
STREET ADDRESS	<b>1300 NW 43 TERR, STE 207</b>
CITY-ST-ZIP	<b>LAUDERHILL FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STRAJNIC, ROSEMARY</b>
STREET ADDRESS	<b>1331 NW 43 AVE</b>
CITY-ST-ZIP	<b>LAUDERHILL FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STACHACZ, AL</b>
STREET ADDRESS	<b>1300 NW 43 TERR, STE 103</b>
CITY-ST-ZIP	<b>LAUDERHILL FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* **YVON BARNABE** DATE **1/15/96** 954-731-0016  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (12/95)