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**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90038 037 \*\*\*\*61.25

0037361

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # 713260**

1. Corporation Name

**PARK SOUTH THREE, INC., A CONDOMINIUM**

Principal Place of Business

1321 N.W.43RD AVE.  
 LAUDERHILL FL 33313

Mailing Address

1321 N.W.43RD AVE.  
 LAUDERHILL FL 33313



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/28/1967

22 City & State

27 City & State

4. FEI Number  
 59-1264128

Applied For  
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARNABE, YVON**  
 1300 NW 43-TERR., #206  
 LAUDERHILL FL 33313

81 Name **ARMANCIA BARNABE**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1300 N.W. 43 Terr. # 206**  
 83  
 84 City **LAUDERHILL** 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 *Armanca Barnabe* **ARMANCIA BARNABE**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-28-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> DELETE
NAME	<b>MCDONALD, RUBY</b>	
STREET ADDRESS	<b>1321 N.W. 43 AVE</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WARD, ESYLN</b>	
STREET ADDRESS	<b>1311 N.W. 43 AVE</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REGINA, IRENE</b>	
STREET ADDRESS	<b>1311 N.W 43 AVE</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	
TITLE	<b>D</b>	<input checked="" 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>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARANABE, YVON</b>	
STREET ADDRESS	<b>1300 N.W. 43 TERR, 206</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ARMANCIA BARNABE</b>	
1.3 STREET ADDRESS	<b>1300 NW 43 Terr. # 206</b>	
1.4 CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>	
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 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: *Armanca Barnabe* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-28-99** DAYTIME PHONE # **954 735-3842**

CR2E037 (1/198)