


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90022 020 \*\*\*\*61.25

**DOCUMENT # 713260**  
 1. Entity Name  
**PARK SOUTH THREE, INC., A CONDOMINIUM**



Principal Place of Business  
 11510 W SAMPLE RD  
 STE 6  
 CORAL GABLES, FL 33065

Mailing Address  
 11510 W SAMPLE RD  
 STE 6  
 CORAL GABLES, FL 33065

**50055250**



2. Principal Place of Business  
*11404 W. Sample Rd*  
 Suite, Apt. #, etc.

3. Mailing Address  
*11404 W. Sample Rd*  
 Suite, Apt. #, etc.

07012005 Chg-NP CR2E037 (10/03)

City & State  
*Coral Springs, Fl.*  
 Zip  
*33065*  
 Country  
*USA*

City & State  
*Coral Springs, Fl.*  
 Zip  
*33065*  
 Country  
*USA*

4. FEI Number  
**59-1264128**

Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent  
**SUNDANCE PROPERTY MANAGEMENT**  
 11510 W SAMPLE RD  
 #5  
 CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*11404 W. Sample Road*  
 City  
*Coral Springs* **FL** Zip Code  
*33065*

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 \_\_\_\_\_ *7/1/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by September 7, 2005**

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	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, ELODIE	
STREET ADDRESS	1300 N W 43 TERRACE UNIT 15-106	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313	
TITLE	P	<input type="checkbox"/> Delete
NAME	REID, BERTHA	
STREET ADDRESS	1321 NW 43RD AVE #106	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WARD, ESLYN	
STREET ADDRESS	1311 N.W. 43 AVE	
CITY-ST-ZIP	LAUDERHILL, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEVRENOV, MARIA	
STREET ADDRESS	1300 NW 43RD TER	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, KENNETH	
STREET ADDRESS	1311 NW 43RD AVE	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLEYARD, MARJORIE	
STREET ADDRESS	1321 NW 43RD AVE, UNIT 12-202	
CITY-ST-ZIP	LAUDERHILL, FL 33313	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(i), 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: *Bertha Reid PRES* *7/1/05* *954255-0588*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #