


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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90074 020 ****61.25

DOCUMENT # 713260

1. Entity Name
PARK SOUTH THREE, INC., A CONDOMINIUM



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

90016430



2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1264128** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, ELODIE
1300 NW 43 TERR
UNIT 15-106
LAUDERHILL FL 33313

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 *Elodie Harris* DATE 1/30/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HARRIS, ELODIE	
STREET ADDRESS	1300 N W 43 TERRACE UNIT 15-106	
CITY-ST-ZIP	FORT LAUDERDALE FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLLERT, FLORENCE	
STREET ADDRESS	1321 NW 43RD AVE, UNIT 12408	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WARD, ESYLN	
STREET ADDRESS	1311 N.W. 43 AVE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEACOCK, JOAN	
STREET ADDRESS	1320 NW 43 TERRACE	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEFKA, MAURICE	
STREET ADDRESS	501 SW 10TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
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: **SIGNATURE REQUIRED** *Elodie Harris* DATE 1/30/03

CR2E037 (10/02)