


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90193 048 \*\*\*\*61.25

**DOCUMENT # 713583**

1. Entity Name  
**PARK SOUTH FOUR, INC., A CONDOMINIUM**



Principal Place of Business  
**1280 N.W. 43RD TERRACE  
 LAUDERHILL, FL 33313**

Mailing Address  
**1280 N.W. 43RD TERRACE  
 LAUDERHILL, FL 33313**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



04192008 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1294577** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LOBIANCO, JUDITH  
 1281 NW 43 AVE 202  
 LAUDERHILL, FL 33313**

7. Name and Address of New Registered Agent  
 Name **LOBIANCO, JUDITH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1281 NW 43 AVE 202**  
 City **LAUDERHILL** FL Zip Code **33313**

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 **JUDITH LOBIANCO, Judith L. Lobianco, PRES.** DATE **4/23/06**

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

Filing Fee is \$61.25  Due by May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LOBIANCO, JUDITH</b> <b>1281 NW 43 AVE 202</b> <b>LAUDERHILL, FL 33313</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SECRETARY</b> <b>SONIA GIBBS</b> <b>1280 NW 43 TERRACE # 202</b> <b>LAUDERHILL, FLA. 33313</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>SAVOIE, ARMAND</b> <b>1281 NW 43 AVE #203</b> <b>LAUDERHILL, FL 33313</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PETER SORTS (DIRECTOR)</b> <b>1281 NW 43 AVE. # 301</b> <b>LAUDERHILL, FLA 33313</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>T</b> <b>THOMAS, BERNARD</b> <b>1281 NW 43 AVE #203</b> <b>LAUDERHILL, FL 33313</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR</b> <b>DUSHAN JEVREMOV</b> <b>1331 NW 43 AVE</b> <b>LAUDERHILL, FLA 33313</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>PAIGE, ALICE</b> <b>1280 NW 48 TERRACE #403</b> <b>LAUDERHILL, FL 33313</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>VA</b> <b>JEVREMOV, MARIA</b> <b>1331 NW 43 AVE</b> <b>LAUDERHILL, FL 33313</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **JUDITH LOBIANCO, Judith L. Lobianco, PRES.** DATE **4/23/06** 954-298-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, OFFICER OR DIRECTOR Daytime Phone #