


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

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90075 041 \*\*\*\*61.25

<b>DOCUMENT # 716272</b>			
1. Entity Name <b>PARK SOUTH NINE, INC. A CONDOMINIUM</b>			
Principal Place of Business <b>1310 NW 43RD AVENUE LAUDERHILL FL 33313</b>		Mailing Address <b>1310 NW 43RD AVENUE LAUDERHILL FL 33313</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RICCO, MARY A</b> <b>1310 NW 43RD AVE</b> <b>#104</b> <b>LAUDERHILL FL 33313</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1300803** Applied For  
Not Applicable

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D <b>TENNY, BETTY</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP <b>1310 NW 43 RD AVE #105 LAUDERHILL FL 33313</b>			
TITLE NAME T <b>KENNEDY, DOROTHY</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>DOROTHY KENNEDY, II.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP <b>1310 NW 43RD AVE #209 LAUDERHILL FL 33313</b>			
TITLE NAME BM <b>ONESIMO, VICTOR</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP <del><b>1310 NW 43RD AVE #201 LAUDERHILL FL 33313</b></del>			
TITLE NAME D <b>JANKOVSKY, CONNIE</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP <b>1310 NW 43RD AVE LAUDERHILL FL</b>			
TITLE NAME D <b>RICCO, MARY</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Ricco Mary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP <b>1310 NW 43RD AVENUE #104 LAUDERHILL FL 33313</b>			
TITLE NAME BM <b>WILLIAMS, GLORIA</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP <b>1310 NW 43RD AVE #110 LAUDERHILL FL 33313</b>			

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]* 04-08-03 924-739-8872 924-486-4435

CR2E037 (10/02)