


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90035 030 ****61.25

DOCUMENT # 716275			
1. Entity Name PARK SOUTH TEN, INC. A CONDOMINIUM			
Principal Place of Business 1280 N. W. 43RD AVENUE LAUDERHILL FL 33313		Mailing Address 1280 N. W. 43RD AVENUE LAUDERHILL FL 33313	
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 CICCONE, JOHN J 1280 NW 43RD AVE APT 202 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 <i>John J Ciccone - President</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <i>July 27, 2005</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CICCONE, JOHN J 1280 NW 43RD AVE APT 202 LAUDERHILL FL 33313 VP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SILVERA, GERARD 1280 NW 43RD AVE APT 103 FORT LAUDERDALE FL 33313 D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCDERMOTT, PANSY M 1280 NW 43RD AVE APT 101 LAUDERHILL FL 33313 D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRAY, GARY 7809 GOLF CIRLE DR 3311 FORT LAUDERDALE FL 33306 D <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DOROTHY H KENNEDY</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>1310 N.W. 43rd Ave - 209 Lauderhill, FL 33313</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CICCONE, JOHN 1280 NW 43RD AVE APT 202 LAUDERHILL FL 33313 D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SILVERA, GERALD 1280 NW 43RD AVE APT 103 FORT LAUDERDALE FL 33313 <input type="checkbox"/> Delete <i>only once.</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John J Ciccone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 27, 2005
DATE

Daytime Phone #