

2001 UNIFORM BUSINESS REPORT (UBR)

3/7/

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-07-2001 90625 011 ****61.25

DOCUMENT # 719128
 1. Entity Name
CONDOMINIUM ASSOCIATION OF PARKER PLAZA ESTATES,

Principal Place of Business Mailing Address
2030 SOUTH OCEAN DRIVE **2030 SOUTH OCEAN DRIVE**
HALLANDALE FL 33009 **HALLANDALE FL 33009**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1305454** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SAVAGE, CRAIG D. P.A.
801 N.E. 167TH ST.
STE. 302A
N. MIAMI BEACH FL 33162

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.

SIGNATURE *Craig D. Savage* **CRAIG D. SAVAGE** DATE _____
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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **GREENBERG**
 STREET ADDRESS **2030 S OCEAN DR #709**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **VP** Delete
 NAME **BECK, HARRY**
 STREET ADDRESS **2030 S OCEAN DR #1818**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **VP** Change Addition
 NAME **Martin Harnick**
 STREET ADDRESS **2030 South Ocean Drive #1408**
 CITY-ST-ZIP **Hallandale, Florida 33009**

TITLE **TD** Delete
 NAME **SHERES, BARBARA**
 STREET ADDRESS **2030 S OCEAN DR #620**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE **TD** Change Addition
 NAME **Mickie Wohl**
 STREET ADDRESS **2030 South Ocean Drive #1523**
 CITY-ST-ZIP **Hallandale, Florida 33009**

TITLE **SD** Delete
 NAME **HARNICK, MARTIN**
 STREET ADDRESS **2030 S. OCEAN DR. #1408**
 CITY-ST-ZIP **HALLANDALE, FL**

TITLE **SD** Change Addition
 NAME **June Schwartz**
 STREET ADDRESS **2030 South Ocean Drive #419**
 CITY-ST-ZIP **Hallandale, Florida 33009**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change 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: *Joseph P. ...* **SIGNATURE REQUIRED Pres. B. D. D. 3/1/01 954458-2624**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)