2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719128

FILED Jan 13, 2006 Secretary of State

Entity Name: CONDOMINIUM ASSOCIATION OF PARKER PLAZA ESTATES, INC.

Current Principal Place of Business: New Principal Place of Business: 2030 SOUTH OCEAN DRIVE HALLANDALE, FL 33009 **Current Mailing Address: New Mailing Address:** 2030 SOUTH OCEAN DRIVE HALLANDALE, FL 33009 FEI Number: 59-1305454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAVAGE, CRAIG D. P.A. 801 N.E. 167TH ST. STE. 302A N. MIAMI BEACH, FL 33162 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BEER, MILTON Name: Name: 2030 S OCEAN DR #618 Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: HUGO, MC FARLANE Name: Address: 2030 S. OCEAN DR. #1823 Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: () Delete Title: () Change () Addition WOHL, MICKIE Name: Name: 2030 SOUTH OCEAN DR #1523 Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition Name: VORDERMEIER, ARUNE Name: PARIS, MAXINE 2030 S. OCEAN DR. #1105 Address: 2030 S. OCEAN DR. #1922 Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON BEER PD 01/13/2006