


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # 719128 1. Entity Name CONDOMINIUM ASSOCIATION OF PARKER PLAZA ESTATES, INC.	
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Principal Place of Business 2030 SOUTH OCEAN DRIVE HALLANDALE, FL 33009	Mailing Address 2030 SOUTH OCEAN DRIVE HALLANDALE, FL 33009
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1305454	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GLAZER AND ASSOCIATES, P.A.
 1920 EAST HALLANDALE BEACH BLVD.
 HALLANDALE, FL 33009**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee Is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISHER, ROBERT 2030 S OCEAN DR HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SILBERMAN, MAX 2030 S. OCEAN DR. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORTIZ, ROBERT 2030 SOUTH OCEAN DR. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KESSLER, SY 2030 S. OCEAN DR. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000585480
 01/16/07-80014-014 61.25

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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: Robert Fisher PRESIDENT ROBERT FISHER 1/5/07 (954)458-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #