


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90443 044 ****61.25

DOCUMENT # N00000000834

1. Entity Name
PARK HILL ESTATES HOMEOWNER'S ASSOCIATION, INC.



BY: **40090781**

Principal Place of Business
**C/O CMC MANAGEMENT, INC.
 2994 JOG ROAD, SUITE B
 GREENACRES, FL 33467**

Mailing Address
**C/O CMC MANAGEMENT, INC.
 2994 JOG ROAD, SUITE B
 GREENACRES, FL 33467**



2. Principal Place of Business - No P.O. Box # C/O CMC Management, Inc. Suite, Apt. #, etc. 2950 Jog Road City & State GREENACRES, FL Zip 33467 Country US	3. Mailing Address C/O CMC Management, Inc. Suite, Apt. #, etc. 2950 Jog Road City & State GREENACRES, FL Zip 33467 Country US
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01262007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1006347

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CMC MANAGEMENT
 2994 JOG ROAD STE B
 GREENACRES, FL 33467**

7. Name and Address of New Registered Agent
 Name **Dicker, Kiri VOR + STOLOFF, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
Attorneys At Law
1818 Australian Avenue South, Suite 400
 City **West Palm Beach** FL Zip Code **33409**

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 *Scott A. Stoboff, Esq.* **4/26/07**
Signature, typed or printed name of registered agent and title if applicable. (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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT RINGELSTEIN, JO 1039 PARK HILL DR WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, DON 1046 PARK HILL DR WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUNES, VIVIAN 1021 PARK HILL DR WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Scott A. Stoboff* **4/26/07** **561-641-1016**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #