

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000834

FILED  
Mar 09, 2009  
Secretary of State

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

**Current Principal Place of Business:**

C/O CMC MANAGEMENT, INC.  
2950 JOG ROAD,  
GREENACRES, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CMC MANAGEMENT, INC.  
2950 JOG ROAD,  
GREENACRES, FL 33467

**New Mailing Address:**

FEI Number: 65-1006347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DICKER, KRIVOK + STOLOFF PA  
1818 AUSTRALIAN AVE S STE 400  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

DICKER, KRIVOK & STOLOFF, P.A.  
1818 AUSTRALIAN AVENUE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33409 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: SCOTT STOLOFF, ESQUIRE

03/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPT ( ) Delete  
Name: RINGELSTEIN, JO  
Address: 1039 PARK HILL DR  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: P ( ) Delete  
Name: CARTER, DON  
Address: 1046 PARK HILL DR  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: S ( ) Delete  
Name: NUNES, VIVIAN  
Address: 1021 PARK HILL DR  
City-St-Zip: WEST PALM BEACH, FL 33417

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: RINGELSTEIN, JOSEPHINE  
Address: 1009 PARK HILL DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: PD (X) Change ( ) Addition  
Name: CARTER, DONALD  
Address: 1046 PARK HILL DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VD (X) Change ( ) Addition  
Name: RINGELSTEIN, JAMES  
Address: 1009 PARK HILL DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby certify that the information supplied with this filing does not qualify 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: DONALD CARTER

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date