

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED

03 APR -8 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0200009140

1. Entity Name
PARKWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.
Homeowners



Principal Place of Business
9900 WEST SAMPLE ROAD, SUITE 317
CORAL SPRINGS, FL 33065

Mailing Address
9900 WEST SAMPLE ROAD, SUITE 317
CORAL SPRINGS, FL 33065

2. Principal Place of Business
80 S.W. 8th Street

3. Mailing Address
80 S.W. 8th Street

Suite, Apt. #, etc.
Suite 1870

Suite, Apt. #, etc.
Suite 1870

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33130

Country
USA

Zip
33130

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR R
4875 NORTH FEDERAL HIGHWAY SEVENTH FLOOR
FT. LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name LANI KAHN DRODY

Street Address (P.O. Box Number is Not Acceptable)
80 S.W. 8th Street

Suite 1870

City Miami FL Zip Code 33130

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 *Lani Kahn Drody* LANI KAHN DRODY, Registered Agent

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW FEE IS \$61.25

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	DPT TREMATERA, PETER 9900 WEST SAMPLE ROAD, SUITE 317 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HOLL, SCOTT 9900 WEST SAMPLE ROAD, SUITE 317 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, ARTHUR R 4875 NORTH FEDERAL HIGHWAY SEVENTH FLOOR FORT LAUDERDALE, FL 33309	<input checked="" 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	D/P LANI KAHN DRODY 80 S.W. 8th Street, Suite 1870 Miami, Florida 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP MICHAEL D. SMITH 80 S.W. 8th Street, Suite 1870 Miami, Florida 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T SUSAN SERRATS 80 S.W. 8th Street, Suite 1870 Miami, Florida 33130	<input type="checkbox"/> Change <input checked="" 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 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 an other like empowered.

SIGNATURE: *Lani Kahn Drody* Lani Kahn Drody, 3/31/03

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

CR2E037 (10/02)

2/18