

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 06, 2006
Secretary of State**

DOCUMENT# N05000009430

Entity Name: THE PARC CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

19950 WEST COUNTRY CLUB DRIVE SUITE 900
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19950 WEST COUNTRY CLUB DRIVE SUITE 900
AVENTURA, FL 33180

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHEAR, DAVID
FIELDSTONE LESTER SHEAR & DENBERG
201 ALHAMBRA CIRCLE SUITE 601
CORAL GABLES, FL 33134 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:

Title: PD () Delete
Name: TORRES, HECTOR
Address: 19950 WEST COUNTRY CLUB DRIVE SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD () Delete
Name: SUAREZ, JANETTE
Address: 19950 WEST COUNTRY CLUB DRIVE SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Delete
Name: GIL, ROSALBA
Address: 19950 WEST COUNTRY CLUB DRIVE SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HECTOR TORRES

PD

09/06/2006

Electronic Signature of Signing Officer or Director

Date