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Jul 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N27305 (4)  
1. Corporation Name  
PARKWOOD ISLE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: P.A. LETHBRIDGE & CO. PROP MGT, 100 S. PINE ISLAND RD., #200, PLANTATION FL 33324, US

Mailing Address: P.A. LETHBRIDGE & CO. PROP MGT, 100 S. PINE ISLAND RD., #200, PLANTATION FL 33324-2664, US

3. Date Incorporated or Qualified: 07/07/1988  
3a. Date of Last Report: 11/12/1996

2. Principal Place of Business  
21 10071 S.W. 16<sup>th</sup> PL  
22 Suite, Apt. #, etc.  
23 Davie, FL  
24 33324  
25 US

2a. Mailing Address  
26 10071 S.W. 16<sup>th</sup> PL  
27 Suite, Apt. #, etc.  
28 Davie, FL  
29 33324  
30 U.S.

4. FEI Number: 65-0117307  
Applied For: Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
RANDALL, ROGER ESQ.  
% HAYS & ROGER, P.A.  
6261 N.W. 6TH WAY., STE 103  
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent  
81 Name: Mary M. Earnest  
82 Street Address (P.O. Box Number is Not Acceptable): ~~6800 Griffin Rd~~  
83  
84 City: Davie, FL  
85 Zip Code: 33314

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Mary M. Earnest* - MARY M. EARNEST  
DATE: 6/23/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NOBLE, REX	
STREET ADDRESS	10150 S.W. 17TH COURT	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KRAHN, MERYLEE	
STREET ADDRESS	10221 SW 15TH PL	
CITY-ST-ZIP	DAVIE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	QUEEN, JANICE	
STREET ADDRESS	1541 SW 102ND TERRACE	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lori Valentine	
1.3 STREET ADDRESS	10151 S.W. 16 <sup>th</sup> PL	
1.4 CITY-ST-ZIP	Davie, FL 33324	
2.1 TITLE	Vice President VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<del>Theodore Duag III</del> Theodore Duag III	
2.3 STREET ADDRESS	1641 SW 102 <sup>nd</sup> Terr	
2.4 CITY-ST-ZIP	Davie, FL 33324	
3.1 TITLE	Treasurer TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Paula Austin	
3.3 STREET ADDRESS	1611 S.W. 102 Terr	
3.4 CITY-ST-ZIP	Davie, FL 33324	
4.1 TITLE	Secretary SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Francesca Luongo	
4.3 STREET ADDRESS	1601 S.W. 102 Terr	
4.4 CITY-ST-ZIP	Davie, FL 33324	
5.1 TITLE	Director D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michael Gurr	
5.3 STREET ADDRESS	1651 S.W. 102 Terr	
5.4 CITY-ST-ZIP	Davie, FL 33324	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* (10/23/97)

CR2E037 (9/96)