


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90055 024 ****61.25

DOCUMENT # N43579

1. Entity Name
 PARKLAND JEWISH CENTER, INC.



Principal Place of Business
 6750 UNIVERSITY DR
 PARKLAND, FL 33067 US

Mailing Address
 6750 UNIVERSITY DR
 PARKLAND, FL 33067 US

40003700



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01172007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TALENFELD, HOWARD M
 COLONDY, FASS & TALENFELD, P.A.
 2000 W. COMMERCIAL BLVD, STE 232
 FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
 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	P	<input type="checkbox"/> Delete
NAME	GORDON, NINA	
STREET ADDRESS	5241 NW 113TH AVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STERN, MITCHELL	
STREET ADDRESS	7805 BOULDER LN	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHAWARTZ, RICHARD	
STREET ADDRESS	1100NW 33RD STREET	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GUEIRERI, MERYL	
STREET ADDRESS	75 35 NW 125TH WAY	
CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEINBAUM, MARTIN	
STREET ADDRESS	12330 NW 77TH MANOR	
CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	60	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTAGE, DENNIS	
STREET ADDRESS	7755 N.W. 55th Place	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fox, KIM	
STREET ADDRESS	11312 N.W. 71st Court	
CITY-ST-ZIP	Parkland, FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **1/17/07** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #