

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N45524 (8)
1. Corporation Name
PARKWOOD VIII ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business P.O. BOX 77124 CORAL SPRINGS FL 33077-1724 | Mailing Address P.O. BOX 77124 CORAL SPRINGS FL 33077-1724 |
|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/07/1991 | |
| 4. FEI Number 65-0343412 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country | 2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country |
| | ROSI W. Mc Nab Rd TAMARAC FL 33321 USA |

9. Name and Address of Current Registered Agent
**ANDREW PANICO
12340 SW 1 STREET
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent
81. Name
Ambassador Community Management
82. Street Address (P.O. Box Number is Not Acceptable)
ROSI W. Mc Nab Rd
83. City
TAMARAC
84. City
FL 85. Zip Code
33321

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 *Marsha P. Cohen* **MARSHA P. COHEN** 4/1/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | ANDREW PANICO | |
| STREET ADDRESS | 12340 SW 1 STREET | |
| CITY-ST-ZIP | CORAL SPRINGS FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | STEVE ADELMAN | |
| STREET ADDRESS | 12317 SW 1 STREET | |
| CITY-ST-ZIP | CORAL SPRINGS FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | GAIL HOLL | |
| STREET ADDRESS | 12389 SW 1 STREET | |
| CITY-ST-ZIP | CORAL SPRINGS FL | |
| 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 | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | LIZETTE PACHICO | |
| 1.3 STREET ADDRESS | 12316 SW 1 ST | |
| 1.4 CITY-ST-ZIP | CORAL SPRINGS, FL. 33071 | |
| 2.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | LUANN ALONZO | |
| 2.3 STREET ADDRESS | 12485 SW 1 ST. | |
| 2.4 CITY-ST-ZIP | CORAL SPRINGS, FL. 33071 | |
| 3.1 TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | DELORES BERMAN | |
| 3.3 STREET ADDRESS | 12397 SW 1 ST. | |
| 3.4 CITY-ST-ZIP | CORAL SPRINGS, FL. 33071 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | R. GUNBY ADAK | |
| 4.3 STREET ADDRESS | 12293 SW 1 ST. | |
| 4.4 CITY-ST-ZIP | CORAL SPRINGS, FL. 33071 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 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 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: *Delores Berman* **DELORES BERMAN** H-10-98 (am) 720-1677

CP2E037 (10/97)