

FILE NOW: FILING FEE IS \$61.25

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May 21, 1999 8:00 am
Secretary of State

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0038681

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N45524

1. Corporation Name
PARKWOOD VIII ASSOCIATION, INC.

Principal Place of Business
 P.O. BOX 771724
 CORAL SPRINGS FL 33077-1724

Mailing Address
 8051 W MCNAB RD
 TAMARAC FL 33321
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/07/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0343412	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
25	Country	30	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMBASSADOR COMMUNITY MGMT 8051 W MCNAB RD TAMARAC FL 33321				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACHECO, LIZETTE		1.2 NAME	BALDWIN, CHARLES	
STREET ADDRESS	12340 SW 1 STREET		1.3 STREET ADDRESS	12293 SW 1 ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33071	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALONZO, LUANN		2.2 NAME	Jody Adelman	
STREET ADDRESS	12317 SW 1 STREET		2.3 STREET ADDRESS	12307 SW 1 ST ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT Manuel Loinez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERMAN, DELORES		3.2 NAME	12301 SW 1 ST ST.	
STREET ADDRESS	12389 SW 1 STREET		3.3 STREET ADDRESS	CORAL SPRINGS FL 33071	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP D Steve Adolph	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAK, R GUNEY		4.2 NAME	12461 SW 1ST ST.	
STREET ADDRESS	12293 SW 1 ST		4.3 STREET ADDRESS	CORAL SPRINGS, FL. 33071	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	2nd VP D Cheryl Cotace	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	12493 SW 1ST ST	
STREET ADDRESS			5.3 STREET ADDRESS	CORAL SPRINGS FL 33071	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Charles Baldwin **FILED** Date: 5/7/99 Daytime Phone #: 954-485-5851

CR2E037 (1/98)