FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 29, 2001 8:00 am Secretary of State **DOCUMENT # N45524** 1. Entity Name 03-29-2001 90362 027 \*\*\*\*61.25 PARKWOOD VIII ASSOCIATION, INC. Principal Place of Business Mailing Address 8051 W MCNAB RD P.O. BOX 771724 734275 CORAL SPRINGS FL 33077-1724 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0343412 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) AMBASSADOR COMMUNITY MGMT 8051 W MCNAB RD TAMARAC FL 33321 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees ----- Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition Change Delete TITLE BALDWIN, CHARLES NAME NAME 2203.5W. 1St 5t STREET ADDRESS STREET ADDRESS 12293 SW 1 ST CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 つんろo □ Change TITLE TITLE ☐ Delete adelman, judy-NAME NAME 12485-52 STREET ADDRESS STREET ADDRESS 12307 SW>161 ST CITY - SY-71P CORAL SPRINGS 1 33071 CITY=ST=ZIP ☐ Change Addition TITLE Delete TITLE LOINAZ, MANUEL NAME NAME STREET ADDRESS STREET ADDRESS 12301 SW 1ST ST CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33071 VEED DD ☐ Addition TITLE Detete TITLE ADOLPH, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 12461 SW 1ST ST CITY - ST - ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 2720 TITLE ☐ Delete ☐ Change TITLE ■ Addition CORACE, CHERYL NAME NAME STREET ADDRESS STREET ADDRESS 12493 SW 1ST ST CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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 expowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01

954-485-565