

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90221 040 ****61.25

DOCUMENT # N45524

1. Entity Name

PARKWOOD VIII ASSOCIATION, INC.

Principal Place of Business

Mailing Address

BOX 771724
 CORAL SPRINGS FL 33077-1724

8051 W MCNAB RD
 TAMARAC FL 33321
 US

B0025011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0343412

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMBASSADOR COMMUNITY MGMT
8051 W MCNAB RD
TAMARAC FL 33321

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D BALDWIN, CHARLES**
 STREET ADDRESS **12293 SW 1 ST**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BALDWIN, ANN**
 STREET ADDRESS **12293 SW 1ST ST**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT LOINAZ, MANUEL**
 STREET ADDRESS **12301 SW 1ST ST**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD ADOLPH, STEVE**
 STREET ADDRESS **12481 SW 1ST ST**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CORACE, CHERYL**
 STREET ADDRESS **12493 SW 1ST ST**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE Change Addition
 NAME **VP D Lori Ojeda**
 STREET ADDRESS **12477 S.W. 1st Street**
 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE Delete
 NAME **SD ACHESON, CHARLES**
 STREET ADDRESS **12444 SW 1ST ST**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/01)