
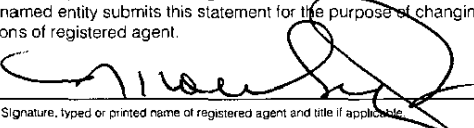
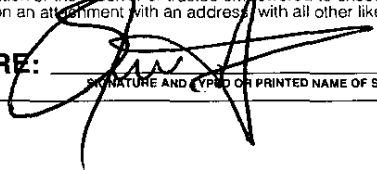


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90005 027 ****61.25

DOCUMENT # N45524			
1. Entity Name PARKWOOD VIII ASSOCIATION, INC.		Principal Place of Business P.O. BOX 771724 CORAL SPRINGS, FL 33077-1724	
Mailing Address 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071 US		2. Principal Place of Business 1750 University Dr Suite, Apt. #, etc. #205	
3. Mailing Address Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State CORAL SPRINGS FL		City & State	
Zip 33071		Country US	
4. FEI Number 65-0343412		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMBASSADOR COMMUNITY MGMT 8051 W MCNAB RD TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name: SWIFT Management Solutions Street Address (P.O. Box Number is Not Acceptable): 1750 University Dr #205 City: CORAL SPRINGS FL Zip Code: 33071	
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: 		DATE: 1/6/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, CHARLES	NAME	
STREET ADDRESS	12293 SW 1 ST	STREET ADDRESS	
CITY-ST-ZIP	CORAL-SPRINGS-FL-33071	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, ANN	NAME	
STREET ADDRESS	12293 SW 1ST ST	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, SHARIN	NAME	
STREET ADDRESS	12333 SW 1ST STREET	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADOLPH, STEVE	NAME	
STREET ADDRESS	12461 SW 1ST ST	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OJEDA, LORI	NAME	
STREET ADDRESS	12477 SW 1ST STREET	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACHESON, CHARLES	NAME	
STREET ADDRESS	12444 SW 1ST ST	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	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: 		Date: 1-10-04 Daytime Phone #: 954-650-0440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			