


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90180 009 \*\*\*\*61.25

**DOCUMENT # N45524**  
 1. Entity Name  
**PARKWOOD VIII ASSOCIATION, INC.**



Principal Place of Business  
 1750 UNIVERSITY DR  
 CORRAL SPRINGS, FL 33071

Mailing Address  
 1750 UNIVERSITY DR #205  
 CORAL SPRINGS, FL 33071 US

**50022292**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01302005 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**65-0343412**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SWIFT MANAGEMENT SOLUTIONS**  
 1750 UNIVERSITY DR #205  
 CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALDWIN, CHARLES	
STREET ADDRESS	12293 SW 1 ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALDWIN, ANN	
STREET ADDRESS	12293 SW 1ST ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HINES, SHARIN	
STREET ADDRESS	12333 SW 1ST STREET	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ADOLPH, STEVE	
STREET ADDRESS	12461 SW 1ST ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OJEDA, LORI	
STREET ADDRESS	12477 SW 1ST STREET	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ACHESON, CHARLES	
STREET ADDRESS	12444 SW 1ST ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD Hines, SHAWN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12333 SW 1ST ST	
STREET ADDRESS	CORAL SPRG FL 33071	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/31/05** Daytime Phone #: **9543416340**