


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90044 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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 City & State

Zip Country Zip Country

40045010



01042008 Chg-NP CR2E037 (12/06)

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]* **Property Manager** **2-29-08**
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, 2008**

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 VP	VP	<input checked="" type="checkbox"/> Delete
NAME ADELMAN, STEVE		
STREET ADDRESS 12317 SW 1 ST		
CITY-ST-ZIP CORAL SPRINGS, FL 33071		
TITLE S3	COPELENKO, MARIO	<input checked="" type="checkbox"/> Delete
NAME COPELENKO, MARIO		
STREET ADDRESS 12373 SW 1 ST		
CITY-ST-ZIP CORAL SPRINGS, FL 33071		
TITLE T	HOLL, SCOTT	<input checked="" type="checkbox"/> Delete
NAME HOLL, SCOTT		
STREET ADDRESS 12389 SW 1 ST		
CITY-ST-ZIP CORAL SPRINGS, FL 33071		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD	Adelman, Steve	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADELMAN, STEVE		
STREET ADDRESS 12317 SW 1 ST		
CITY-ST-ZIP CORAL SPRINGS, FL 33071		
TITLE SD	Stein, Judith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEIN, JUDITH		
STREET ADDRESS 12469 SW 1ST STREET		
CITY-ST-ZIP CORAL SPRINGS, FL 33071		
TITLE T	Holl, Scott	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLL, SCOTT		
STREET ADDRESS 12389 SW 1ST STREET		
CITY-ST-ZIP CORAL SPRINGS, FL 33071		
TITLE VPD	Copelenko, Mario	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COPELENKO, MARIO		
STREET ADDRESS 12373 SW 1ST STREET		
CITY-ST-ZIP CORAL SPRINGS, FL 33071		
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 exemptions contained in Chapter 119, 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]* **Mario Copelenko** **2/28/08** **954 341 6804**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #