

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45524

FILED
Jan 17, 2009
Secretary of State

Entity Name: PARKWOOD VIII ASSOCIATION, INC.

Current Principal Place of Business:

1750 UNIVERSITY DR
CORRAL SPRINGS, FL 33071

New Principal Place of Business:

1750 UNIVERSITY DR
CORAL SPRINGS, FL 33071

Current Mailing Address:

1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 65-0343412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ADELMAN, STEVE
Address: 12317 SW 1ST STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD () Delete
Name: JUDITH, STEIN
Address: 12469 SW 1ST STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: P () Delete
Name: HALL, SCOTT
Address: 12389 SW 1ST STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VPD () Delete
Name: COPELONKO, MARIO
Address: 12373 SW 1ST STREET
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: ADELMAN, STEVE
Address: 12317 SW 1ST STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TD (X) Change () Addition
Name: JUDITH, STEIN
Address: 12469 SW 1ST STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: PD (X) Change () Addition
Name: HOLL, GAIL
Address: 12389 SW 1ST STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL HOLL

P

01/17/2009

Electronic Signature of Signing Officer or Director

_____ Date