2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 719128

Apr 12, 2006
Secretary of State

Entity Name: CONDOMINIUM ASSOCIATION OF PARKER PLAZA ESTATES, INC.

Current Principal Place of Business: New Principal Place of Business:

2030 SOUTH OCEAN DRIVE HALLANDALE, FL 33009

Current Mailing Address: New Mailing Address:

2030 SOUTH OCEAN DRIVE HALLANDALE, FL 33009

FEI Number: 59-1305454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAVAGE, CRAIG D. P.A. 801 N.E. 167TH ST. STE. 302A N. MIAMI BEACH, FL 33162 US

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:

Clarkers is Circumstance of Decisions of Assert

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 BEER, MILTON
 Name:
 FISHER, ROBERT

 Address:
 2030 S OCEAN DR #618
 Address:
 2030 S OCEAN DR

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:
 HALLANDALE, FL 33009

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 HUGO, MC FARLANE
 Name:
 SILBERMAN, MAX

 Address:
 2030 S. OCEAN DR. #1823
 Address:
 2030 S. OCEAN DR.

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:
 HALLANDALE, FL 33009

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 WOHL, MICKIE
 Name:
 ORTIZ, ROBERT

 Address:
 2030 SOUTH OCEAN DR #1523
 Address:
 2030 SOUTH OCEAN DR.

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:
 HALLANDALE, FL 33009

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 PARIS, MAXINE
 Name:
 KESSLER, SY

 Address:
 2030 S. OCEAN DR. #1105
 Address:
 2030 S. OCEAN DR.

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:
 HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT FISHER PD 04/12/2006