

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90041 039 ****61.25

DOCUMENT # N05000005407

1. Entity Name
PARC EIGHTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**701 BRICKELL AVENUE
SUITE 2030
MIAMI, FL 33131**

Mailing Address
**701 BRICKELL AVENUE
SUITE 2030
MIAMI, FL 33131**



2. Principal Place of Business - No P.O. Box #
DCI ASSOCIATION SERVICES

3. Mailing Address
DCI ASSOCIATION SERVICES

Suite, Apt. #, etc.
10112 USA TODAY WAY

Suite, Apt. #, etc.
10112 USA TODAY WAY

04152008 Chg-NP CR2E037 (12/06)

City & State
MIRAMAR FL 33025

City & State
MIRAMAR FL 33025

4. FEI Number
APPLIED FOR Applied For
Not Applicable

Zip
33025

Country
USA

Zip
33025

Country
USA

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

6. Name and Address of Current Registered Agent

**HARPER, HENRY
701 BRICKELL AVENUE
SUITE 2030
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **BARBARA HERNDON** c/o
Street Address (P.O. Box Number is Not Acceptable)
DCI ASSOCIATION SERVICES
10112 USA TODAY WAY
City **MIRAMAR** FL Zip Code **33025**

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, 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 PD
NAME GUZMAN, GRACIELA ☒ Delete
STREET ADDRESS 701 BRICKELL AVENUE #2030
CITY-ST-ZIP MIAMI, FL 33131

TITLE VD
NAME STEPHENS, JEFF ☒ Delete
STREET ADDRESS 701 BRICKELL AVENUE #2030
CITY-ST-ZIP MIAMI, FL 33131

TITLE STD ☒ Delete
NAME APPEL BEE, JOHN
STREET ADDRESS 1749 NE MIAMI CT 302
CITY-ST-ZIP MIAMI, FL 33132

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME APPEL BEE, JOHN
STREET ADDRESS 1749 NE MIAMI CT 302
CITY-ST-ZIP MIAMI, FL 33132

TITLE VD ☒ Change ☐ Addition
NAME CAROL ANN ROSS SCHWARTZ
STREET ADDRESS 1749 NE MIAMI COURT 213
CITY-ST-ZIP MIAMI, FL 33132

TITLE STD ☒ Change ☐ Addition
NAME MARKOS BERTOLOTTE
STREET ADDRESS 1749 NE MIAMI COURT 605
CITY-ST-ZIP MIAMI, FL 33132

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

John Appelbee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **3590**