2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 719128

Entity Name: CONDOMINIUM ASSOCIATION OF PARKER PLAZA ESTATES,

INC

Current Principal Place of Business:

2030 SOUTH OCEAN DRIVE HALLANDALE, FL 33009

Current Mailing Address:

2030 SOUTH OCEAN DRIVE HALLANDALE, FL 33009

FEI Number: 59-1305454 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOVIN, JAMES W. LAW OFFICES OF LISA K. HERMANN, PA 134 S. DIXIE HWY SUITE 110 HALLANDALE BEACH, FL 33009 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: JAMES W. GOVIN 10/31/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP

NameCAPLAN, ROSALIENamePERLMAN, ROBERTAddress2030 S OCEAN DRIVEAddress2030 S OCEAN DRIVECity-State-Zip:HALLANDALE FL 33009City-State-Zip:HALLANDALE FL 33009

TitleSECRETARY, DIRECTORTitleTREASURER, DIRECTORNameROBINSON, BERTICANameGENNARO, WILLIAM

Address 2030 S OCEAN DRIVE Address 2030 SOUTH OCEAN DRIVE

City-State-Zip: HALLANDALE FL 33009

City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR Title DIRECTOR

Name FISHER, ROBERT Name LUSTIG, LINDA

Address 2030 SOUTH OCEAN DRIVE Address 2030 SOUTH OCEAN DRIVE

City-State-Zip: HALLANDALE FL 33009

City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR Title DIRECTOR

Name SHERMAN, SIMON Name LIPPEL, ARLENE

Address 2030 SOUTH OCEAN DRIVE Address 2030 SOUTH OCEAN DRIVE
City-State-Zip: HALLANDALE FL 33009

City-State-Zip: HALLANDALE FL 33009

ity-State-Zip. FIALLANDALE FE 33009

Continues on page 2

SIGNATURE: WILLIAM GENNARO TREASURER 10/31/2016

FILED Oct 31, 2016

Secretary of State CC1297061752

I hereby 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 all other like empowered.

Officer/Director Detail Continued:

Title DIRECTOR

Name DUQUE, HOMERO Address 2030 S OCEAN DR

City-State-Zip: HALLANDALE FL 33009