

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45524

**FILED**  
**Jan 23, 2016**  
**Secretary of State**  
**CC7643835916**

**Entity Name:** PARKWOOD VIII ASSOCIATION, INC.

**Current Principal Place of Business:**

1750 UNIVERSITY DR  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

1750 UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 65-0343412

**Certificate of Status Desired:** No

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SD  
Name ADELMAN, STEVE  
Address 12317 SW 1ST STREET  
City-State-Zip: CORAL SPRINGS FL 33071

Title TD  
Name STEIN, JUDITH  
Address 12469 SW 1ST STREET  
City-State-Zip: CORAL SPRINGS FL 33071

Title PD  
Name HOLL, GAIL  
Address 12389 SW 1ST STREET  
City-State-Zip: CORAL SPRINGS FL 33071

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

*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.*

**SIGNATURE:** GAIL HOLL

**PRES**

**01/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date