

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 484798

FILED  
Mar 30, 2012  
Secretary of State

**Entity Name:** PARKLAND UTILITIES, INC.

**Current Principal Place of Business:**

8001 PARKSIDE DR  
PARKLAND, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

8001 PARKSIDE DR  
PARKLAND, FL 33067 US

**New Mailing Address:**

**FEI Number:** 59-2203700      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NUNES, RONALD M.  
8001 PARKSIDE DR.  
PARKLAND, FL 33067 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: DP  
Name: NUNES, RONALD M.  
Address: 8001 PARKSIDE DRIVE  
City-St-Zip: PARKLAND, FL

Title: S  
Name: JARVIS, JOHN F.  
Address: 8001 PARKSIDE DRIVE  
City-St-Zip: PARKLAND, FL

Title: DAS  
Name: NUNES, AMI M  
Address: 2826 NE 12TH ST  
City-St-Zip: POMPANO BEACH, FL 33062

Title: DVP  
Name: BERGEN, MICHAEL K  
Address: 5105 SW 92 TERRACE  
City-St-Zip: COOPER CITY, FL 33328

Title: AS  
Name: BERGEN, ANN M  
Address: 5105 SW 92 TERRACE  
City-St-Zip: COOPER CITY, FL 33328

Title: T  
Name: HEMERLING, SHERYL A  
Address: 7501 S. CYPRESSHEAD DRIVE  
City-St-Zip: PARKLAND, FL 33067

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RONALD M NUNES

PRES

03/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date