

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90078 026 \*\*\*\*61.25

**DOCUMENT # 711652**

1. Entity Name  
**PARK SOUTH ONE, INC. (A CONDOMINIUM)**



Principal Place of Business  
**4310 NW 16TH STREET  
 LAUDERHILL, FL 33313 US**

Mailing Address  
**4310 NW 16 STREET  
 FORT LAUDERDALE, FL 33313 US**

900000



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04092007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**JONES, LILIETH  
 4310 NW 16 ST #102  
 LAUDERHILL, FL 33313**

**7. Name and Address of New Registered Agent**

Name **PHOENIX MANAGEMENT SERVICES**

Street Address (P.O. Box Number is Not Acceptable)  
**4800 N. STATE RDAA 7  
 SUITE 105**

City **LAUDERDALE LAKE, FL** Zip Code **33308**

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]* **LCAM**

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, 2007**

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	P	<input checked="" type="checkbox"/> Delete
NAME	JONES, LILLIETH	
STREET ADDRESS	4310 NW 16 ST #102	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELDS, OLIVE	
STREET ADDRESS	1511 NW 43 AVE #107	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTTON, MARY	
STREET ADDRESS	1501 NW 43 AVE 101	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRESCOTT, JOHN	
STREET ADDRESS	1501 N.W. 43 AVE #104	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ATTLEY, EDWARDS	
STREET ADDRESS	1521 NW 43 AVE #102	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS ATTLEE	
STREET ADDRESS	1521 NW 43 AVE #102	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS OLIVE	
STREET ADDRESS	1511 NW 43 AVE #107	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTON MARY	
STREET ADDRESS	1501 NW 43 AVE #101	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESCOTT JOHN	
STREET ADDRESS	1501 NW 43 AVE #104	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS CHIVE	
STREET ADDRESS	1511 NW 43 AVE #101	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **ATTLEE EDWARDS** **4-10-07** **954 986 9396**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #