


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90195 025 \*\*\*\*61.25

**DOCUMENT # 713260**  
1. Entity Name  
**PARK SOUTH THREE, INC., A CONDOMINIUM**



Principal Place of Business: 1321 N.W. 43RD AVE. LAUDERHILL FL 33313  
Mailing Address: 1321 N.W. 43RD AVE. LAUDERHILL FL 33313

2. Principal Place of Business: 11510 W. SAMPLE RD.  
Suite, Apt. #, etc.: STE. 6  
City & State: CORAL SPRINGS, FL  
3. Mailing Address: SAME  
Suite, Apt. #, etc.:  
City & State:

4. FEI Number: 59-1264128  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
Zip: 33065 Country: USA



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
HARRIS, ELODIE  
1300 NW 43 TERR  
UNIT 15-106  
LAUDERHILL FL 33313

7. Name and Address of New Registered Agent  
Name: SUNDANCE PROPERTY MANAGEMENT  
Street Address (P.O. Box Number is Not Acceptable):  
11510 W. SAMPLE RD, #5  
City: CORAL SPRINGS FL Zip Code: 33065

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: GUENN STOUT, III CEO [Signature] DATE: 4-20-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 NAME	HARRIS, ELODIE	<input type="checkbox"/> Delete
STREET ADDRESS	1300 N W 43 TERRACE UNIT 15-106	
CITY-ST-ZIP	FORT LAUDERDALE FL 33313	
TITLE NAME	OLLERT, FLORENCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1321 NW 43RD AVE, UNIT 12408	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE NAME	DVP WARD, ESYLN	<input type="checkbox"/> Delete
STREET ADDRESS	1311 N.W. 43 AVE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE NAME	D PEACOCK, JOAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1320 NW 43 TERRACE	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE NAME	TD LEFKA, MAURICE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	501 SW 10TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE NAME	D APPELYARD, MARJORIE	<input type="checkbox"/> Delete
STREET ADDRESS	1321 NW 43RD AVE, UNIT 12-202	
CITY-ST-ZIP	LAUDERHILL FL 33313	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	P BERTHA REID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1321 NW 43 AVE, #106	
CITY-ST-ZIP	LAUDERHILL, FL. 33313	
TITLE NAME	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D MARIA JEVRENOV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1300 NW 43 TERR.	
CITY-ST-ZIP	LAUDERHILL, FL. 33313	
TITLE NAME	D KENNETH BLACK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1311 NW 43 AVE	
CITY-ST-ZIP	LAUDERHILL, FL. 33313	
TITLE NAME	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: BERTHA REID [Signature] DATE: 4-20-04 DAYTIME PHONE #: 954-255-6888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR