

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90022 020 ****61.25

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



Principal Place of Business
 11510 W SAMPLE RD
 STE 6
 CORAL GABLES, FL 33065

Mailing Address
 11510 W SAMPLE RD
 STE 6
 CORAL GABLES, FL 33065

50055250



2. Principal Place of Business
11404 W. Sample Rd
 Suite, Apt. #, etc.

3. Mailing Address
11404 W. Sample Rd
 Suite, Apt. #, etc.

07012005 Chg-NP CR2E037 (10/03)

City & State
Coral Springs, Fl.
 Zip
33065

Country
USA

City & State
Coral Springs, Fl.
 Zip
33065

Country
USA

4. FEI Number
59-1264128

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent
SUNDANCE PROPERTY MANAGEMENT
 11510 W SAMPLE RD
 #5
 CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
11404 W. Sample Road
 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 _____ DATE *7/1/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005

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	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, ELODIE	
STREET ADDRESS	1300 N W 43 TERRACE UNIT 15-106	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33313	
TITLE	P	<input type="checkbox"/> Delete
NAME	REID, BERTHA	
STREET ADDRESS	1321 NW 43RD AVE #106	
CITY - ST - ZIP	LAUDERHILL, FL 33313	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WARD, ESLYN	
STREET ADDRESS	1311 N.W. 43 AVE	
CITY - ST - ZIP	LAUDERHILL, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEVRENOV, MARIA	
STREET ADDRESS	1300 NW 43RD TER	
CITY - ST - ZIP	LAUDERHILL, FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, KENNETH	
STREET ADDRESS	1311 NW 43RD AVE	
CITY - ST - ZIP	LAUDERHILL, FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLEYARD, MARJORIE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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 PRES* DATE: *7/1/05* DAYTIME PHONE #: *954-255-0588*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR