

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90088 006 ****61.25

DOCUMENT # 716262 1. Entity Name PARLIAMENT TOWERS CONDOMINIUM, INC.					
Principal Place of Business 405 NORTH OCEAN BLVD POMPANO BEACH, FL 33062			Mailing Address 405 NORTH OCEAN BLVD POMPANO BEACH, FL 33062		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1305946	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BELL, RICHARD 405 N OCEAN BLVD APT 1215 POMPANO BCH, FL 33062				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIRARD, DOROTHY 405 N OCEAN BLVD #1729 POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Dorothy Girard 405 N Ocean Blvd #1729 Pompno Bch Fl 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RYAN, JOHN 405 N OCEAN BLVD #1401 POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, RICHARD 405 N OCEAN BLVD POMPANO BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Dacke 405 N Ocean Blvd # 718 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICK, RUDOLPH 405 N OCEAN BLVD #1703 POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anore Iranian 405 N Ocean Blvd # 1703 Pompno Bch Fl 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPADIMITRIOU, AMALIA SIEGLE 405 N OCEAN BLVD #609 POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harold Servino 405 N Ocean Blvd 1705 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVEY, NED 405 NORTH OCEAN BLVD. #1003 POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Charles Shankley 405 N Ocean Blvd #1404 Pompno Beach Fl 33062
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: <i>Richard Bell</i> RICHARD BELL			Date 3/15/07 Daytime Phone # 954 941 7816		