


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90005 029 ****70.00

| | |
|--|---|
| DOCUMENT # 716272 |  |
| 1. Entity Name PARK SOUTH NINE, INC. A CONDOMINIUM | |

| | |
|---|---|
| Principal Place of Business 1310 NW 43RD AVENUE LAUDERHILL FL 33313 | Mailing Address 1310 NW 43RD AVENUE LAUDERHILL FL 33313 |
|---|---|



| | | | |
|---|---------|---|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

2nd MOORE CR2E037 (4/06)

| | |
|------------------------------------|--|
| 4. FEI Number 59-1300803 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

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|--|
| 6. Name and Address of Current Registered Agent |
| RICCO, MARY A 1310 NW 43RD AVE #104 LAUDERHILL FL 33313 |

| |
|--|
| 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 Mary A Ricco DATE 8/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW: FEE IS \$61.25
Due By: September 6, 2006**

| | |
|---|------------------------------------|
| 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 | |
|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| D TENNY, BETTY 1310 NW 43 RD AVE #105 LAUDERHILL FL 33313 | |
| T KENNEDY, DOROTHY H 1310 NW 43RD AVE #209 LAUDERHILL FL 33313 | <input type="checkbox"/> Delete |
| D JANKOVSKY, CONNIE 1310 NW 43RD AVE LAUDERHILL FL | <input type="checkbox"/> Delete |
| P RICCO, MARY 1310 NW 43RD AVENUE #104 LAUDERHILL FL 33313 | <input type="checkbox"/> Delete |
| BM WILLIAMS, GLORIA 1310 NW 43RD AVE #110 LAUDERHILL FL 33313 | <input type="checkbox"/> Delete |
| 1310 NW 43RD AVE #104 LAUDERHILL FL 33313 | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| Director | |
| Sec-Treasurer | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| Director | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| President | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| Vice-President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Mary A Ricco DATE 8/10/06