

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

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90028 027 ****61.25

DOCUMENT # 719128

1. Entity Name

CONDOMINIUM ASSOCIATION OF PARKER PLAZA
ESTATES, INC.



Principal Place of Business

2030 SOUTH OCEAN DRIVE
HALLANDALE FL 33009

Mailing Address

2030 SOUTH OCEAN DRIVE
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1305454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAVAGE, CRAIG D. P.A.
801 N.E. 167TH ST.
STE. 302A
N. MIAMI BEACH FL 33162

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD ☐ Delete
NAME GREENBERG
STREET ADDRESS 2030 S OCEAN DR #709
CITY-ST-ZIP HALLANDALE FL 33009

TITLE VD ☒ Delete
NAME HARNICK, MARTIN
STREET ADDRESS 2030 SOUTH OCEAN DR #1408
CITY-ST-ZIP HALLANDALE FL 33009

TITLE TD ☐ Delete
NAME WOHL, MICKIE
STREET ADDRESS 2030 SOUTH OCEAN DR #1523
CITY-ST-ZIP HALLANDALE FL 33009

TITLE SD ☒ Delete
NAME SCHWARTZ, JUNE
STREET ADDRESS 2030 SOUTH OCEAN DR #419
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *VD Milton Beet*
STREET ADDRESS *2030 South Ocean Drive #618*
CITY-ST-ZIP *HALLANDALE, FL 33009*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *SD ARUNE WORDERMEIER*
STREET ADDRESS *2030 South Ocean Drive #1922*
CITY-ST-ZIP *HALLANDALE, FL 33009*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #