


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 734628 (1)  
1. Corporation Name  
PARKWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
C/O ASSOCIATES MANAGEMENT SERVICES, INC.  
275 FONTAINBLEAU BLVD., STE. 100  
MIAMI FL 33172  
C/O ASSOCIATES MANAGEMENT SERVICES, INC.  
275 FONTAINBLEAU BLVD., STE. 100  
MIAMI FL 33172-4500

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

3. Date Incorporated or Qualified 12/18/1975 3a. Date of Last Report 06/10/1996  
4. FEI Number 59-1465545 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
ASSOCIATES MANAGEMENT SERVICES, INC.  
275 FONTAINBLEAU BLVD., STE. 100  
MIAMI FL 33172

10. Name and Address of New Registered Agent  
81 Name ROSA DE LA CAMARA ESQ  
82 Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A  
83 5201 BLUE LAGOON DR STE 100  
84 City MIAMI FL 85 Zip Code 33126

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE *Jorge A. Anard* DATE 3/13/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	MARLENE RIVERO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, JOSE	1.2 NAME	9170 FONTAINE BLEAU BIVD 50
STREET ADDRESS	180 FONTAINBLEAU BLVD. 401	1.3 STREET ADDRESS	MIAMI, FL 33172
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTT, ENRIQUE	2.2 NAME	LEDA GARRIDO
STREET ADDRESS	9180 FONTAINBLEAU 501	2.3 STREET ADDRESS	9240 FONTAINE BLEAU BIVD -105
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33172
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVAS, MARIA	3.2 NAME	GLADYS MEDINA
STREET ADDRESS	9180 FONTAINBLEAU 402	3.3 STREET ADDRESS	9210 FONTAINE BLEAU BLVD 509
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	MIAMI FL 33172
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUJILLO, JULIO	4.2 NAME	IRMA VEGA
STREET ADDRESS	9180 FONTAINBLEAU 403	4.3 STREET ADDRESS	9210 FONTAINE BLEAU BIVD 505
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE *Jorge A. Anard* PD DATE 3/13/97

CP2E067 (06/97)