


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90005 012 ****61.25

DOCUMENT # 734628

1. Entity Name
PARKWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 17250 NE 19TH AVENUE
 N. MIAMI BEACH, FL 33162

Mailing Address
 17250 NE 19TH AVENUE
 N. MIAMI BEACH, FL 33162

54056839



2. Principal Place of Business
Moran & Assocs. Inc.
 Suite, Apt. #, etc.

3. Mailing Address
 Same

04232004 Chg-NP CR2E037 (10/03)

12460 SW 8 St. #202
 City & State
Miami, Florida

City & State

Zip Country
33184 U.S.

4. FEI Number
59-1465545

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MIJB MANAGEMENT SERVICES, INC.
 17250 N.E. 19TH AVENUE
 NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name
Moran & Associates Inc.

Street Address (P.O. Box Number is Not Acceptable)
12460 SW 8 St. #202

City
Miami

Zip Code
FL 33184

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]* DATE **04/26/04**

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 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LLIANA, MADIEDO 9240 FONTAINBLEAU BLVD #204 MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADRIANA, CARO 9220 FONTAINBLEAU BLD #211 MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPA FRANK, SIRANI 9280 FONTAINBLEAU BLVD #306 MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, IRIS 9270 FONTAINBLEAU BLVD #404 MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, LEONARDO 9170 FONTAINBLEAU BLVD #106 MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD FERNANDEZ, UTIMIO 9210 FONTAINBLEAU BLVD #106 MIAMI, FL 33172	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Iris Hernandez 9270 Fontainebleau Blvd #404 Miami, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Jose Diego 9170 Fontainebleau Blvd #104 Miami, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ulises Moran 9170 Fontainebleau Blvd #103 Miami, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **Iliana Madiedo 4-27-04 305-979-5617**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #