

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 734628</b> 1. Entity Name <b>PARKWOOD CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>MORAN &amp; ASSOCS, INC.</b> <b>12460 SW 8 ST # 202</b> <b>MIAMI FL 33184</b>	Mailing Address <b>MORAN &amp; ASSOCS, INC.</b> <b>12460 SW 8 ST # 202</b> <b>MIAMI FL 33184</b>
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1st MOORE      CR2E037 (10/04)

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

4. FEI Number <b>59-1465545</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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6. Name and Address of Current Registered Agent  <b>MORAN &amp; ASSOCIATES, INC.</b> <b>12460 SW 8 ST</b> <b># 202</b> <b>MIAMI FL 33184</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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**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 _____	DATE _____
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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME LLIANA, MADIEDO	TITLE	NAME 02/12/05-80007-004 61.25
STREET ADDRESS 9240 FONTAINBLEAU BLVD #204	CITY - ST - ZIP MIAMI FL 33172	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	MIAMI FL 33172	CITY - ST - ZIP	
TITLE TD	NAME HERNANDEZ, IRIS	TITLE	NAME
STREET ADDRESS 9270 FONTAINBLEAU BLVD # 404	CITY - ST - ZIP MIAMI FL 33172	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	MIAMI FL 33172	CITY - ST - ZIP	
TITLE D	NAME DIEGO, JOSE	TITLE	NAME
STREET ADDRESS 9170 FONTAINBLEAU BLVD # 104	CITY - ST - ZIP MIAMI FL 33172	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	MIAMI FL 33172	CITY - ST - ZIP	
TITLE SD	NAME MORAN, ULISES	TITLE	NAME
STREET ADDRESS 9170 FONTAINBLEAU BLVD # 103	CITY - ST - ZIP MIAMI FL 33172	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	MIAMI FL 33172	CITY - ST - ZIP	
TITLE VP	NAME HERNANDEZ, LEONARDO	TITLE	NAME
STREET ADDRESS 9170 FONTAINBLEAU BLVD #106	CITY - ST - ZIP MIAMI FL 33172	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	MIAMI FL 33172	CITY - ST - ZIP	
TITLE DD	NAME FERNANDEZ, UTIMIO	TITLE	NAME
STREET ADDRESS 9210 FONTAINBLEAU BLVD #106	CITY - ST - ZIP MIAMI FL 33172	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	MIAMI FL 33172	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: 	Date _____
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone # **305 552 6220**