


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

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90231 031 \*\*\*\*61.25

<b>DOCUMENT # 734628</b>			
1. Entity Name <b>PARKWOOD CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>MORAN &amp; ASSOCS, INC. 12460 SW 8 ST # 202 MIAMI FL 33184</b>		Mailing Address <b>MORAN &amp; ASSOCS, INC. 12460 SW 8 ST # 202 MIAMI FL 33184</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MORAN &amp; ASSOCIATES, INC. 12460 SW 8 ST # 202 MIAMI FL 33184</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			



1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-1465545</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<i>Jorge Luis</i>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LLIANA, MADIEDO			NAME	<i>9270 Fontainebleau Blvd. #403</i>		
STREET ADDRESS	9240 FONTAINBLEAU BLVD #204			STREET ADDRESS	<i>Miami, FL 33172</i>		
CITY-ST-ZIP	MIAMI FL 33172			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERNANDEZ, IRIS			NAME			
STREET ADDRESS	9270 FONTAINBLEAU BLVD # 404			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIEGO, JOSE			NAME			
STREET ADDRESS	9170 FONTAINBLEAU BLVD # 104			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORAN, ULISES			NAME			
STREET ADDRESS	9170 FONTAINBLEAU BLVD # 103			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERNANDEZ, LEONARDO			NAME			
STREET ADDRESS	9170 FONTAINBLEAU BLVD #106			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			CITY-ST-ZIP			
TITLE	DD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, UTIMIO			NAME			
STREET ADDRESS	9210 FONTAINBLEAU BLVD #106			STREET ADDRESS			
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 exemptions contained in Section 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:** 