


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 734628</b> 1. Entity Name <b>PARKWOOD CONDOMINIUM ASSOCIATION, INC.</b>	
---	---

FILED  
06 JUN 12 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <del>MORAN &amp; ASSOCS, INC.</del> <del>12460 SW 8 ST # 202</del> <del>MIAMI, FL 33184</del>	Mailing Address <b>MORAN &amp; ASSOCS, INC.</b> <b>12460 SW 8 ST # 202</b> <b>MIAMI, FL 33184</b>
--	--



2. Principal Place of Business <b>8600 NW 17 ST</b>	3. Mailing Address <b>8600 NW 17 ST</b>
Suite, Apt. #, etc. <b>145</b>	Suite, Apt. #, etc. <b>145</b>

06052006 Chg-NP CR2E037 (4/06)

City & State <b>Doral Florida</b>	City & State <b>Doral Florida</b>	4. FEI Number <b>59-1465545</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33126</b>	Country <b>USA</b>	Zip <b>33126</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

**6. Name and Address of Current Registered Agent**

**MORAN & ASSOCIATES, INC.**  
**12460 SW 8 ST**  
**# 202**  
**MIAMI, FL 33184**

**7. Name and Address of New Registered Agent**

Name **Dennis Eisinger P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4000 Hollywood Blvd Suite 2055**  
 City **Hollywood** **FL** Zip Code **33021**

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 Dennis Eisinger Dennis Eisinger 6/5/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
------------------------------	--	------------------------------------	---

10. OFFICERS AND DIRECTORS	
TITLE	PD LIANA, MADIEDO <input checked="" type="checkbox"/> Delete 9240 FONTAINBLEAU BLVD #204 MIAMI, FL 33172
TITLE	TD HERNANDEZ, IRIS <input type="checkbox"/> Delete 9270 FONTAINBLEAU BLVD # 404 MIAMI, FL 33172
TITLE	D DIEGO, JOSE <input type="checkbox"/> Delete 9170 FONTAINBLEAU BLVD # 104 MIAMI, FL 33172
TITLE	SD MORAN, ULISES <input type="checkbox"/> Delete 9170 FONTAINBLEAU BLVD # 103 MIAMI, FL 33172
TITLE	VP HERNANDEZ, LEONARDO <input type="checkbox"/> Delete 9170 FONTAINBLEAU BLVD #106 MIAMI, FL 33172
TITLE	DD FERNANDEZ, UTIMIO <input type="checkbox"/> Delete 9210 FONTAINBLEAU BLVD #106 MIAMI, FL 33172

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Madiedo, Lilliana 9240 Fontainbleau Blvd #204 Miami, FL 33172
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>80007639838</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/20/06--01072--013 **\$61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: [Signature] 6/5/06  
Signature and typed or printed name of signing officer or director Date Daytime Phone #