

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90070 017 ****61.25

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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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1465545**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MJB MANAGEMENT SERVICES, INC.
17250 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESILLES, ABEL 9250 FONTAINBLEAU BLVD. #109 MIAMI FL 33172	<input type="checkbox"/> Delete XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, ALEIDA 9220 FONTAINBLEAU BLVD #104 MIAMI FL 33172	<input type="checkbox"/> Delete XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEL TORO, OFELIA 9280 FONTAINBLEAU BLVD #105 MIAMI FL 33172	<input type="checkbox"/> Delete XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUGO, JUAN 9260 FONTAINBLEAU BLVD #101 MIAMI FL 33172	<input type="checkbox"/> Delete XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD HAFFELE, CECILIA 9280 FONTAINBLEAU BLVD #106 MIAMI FL 33172	<input type="checkbox"/> Delete XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Elias Seira 9210 Fontainebleau Blvd # 201 Miami Fl 33171	<input type="checkbox"/> ADD te

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Madiedo Lliana 9240 Fontainebleau Blvd # 204 Miami Fl 33172	<input type="checkbox"/> Change XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Caro Adriana 9220 Fontainebleau Blvd # 211 Miami Fl 33172	<input type="checkbox"/> Change XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPA Sirani Frank 9280 Fontainebleau Blvd # 306 Miami Fl 33172	<input type="checkbox"/> Change XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Hernandez Iris 9270 Fontainebleau Blvd # 404 Miami Fl 33172	<input type="checkbox"/> Change XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hernandez Leonardo 9170 Fontainebleau Blvd # 106 Miami Fl 33172	<input type="checkbox"/> Change XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Fernandez Utimio 9210 Fontainebleau Blvd # 106 Miami Fl 33172	<input type="checkbox"/> Change XXXXXXXXXX

12. I hereby certify that the information provided in 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]* **SIGNATURE REQUIRED**

Date: **3-21-03** Davima Phone #: **305-940-8795**

CR2E037 (10/02)