2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #748940



1. Entity Name PARKWOOD CONDOMINIUM ASSOCIATION OF CORAL SPRINGS, INC.							03-13-2006 9	0080 034	i ****61.2	5	
Principal Plac QUALITY-MA 1761 W. HIL DEERFIELD	NAGEMENT A LSBORO BLY	1761 W. HILLSBORO B	ng Address ALITY-MANAGEMENT & SERVICES, INC 61 W. HILLSBORO BLVD. SUITE 320 ERFIELD BEACH, FL 33442 US			1 158 10 138	ID etabl ebka (din cidh c				
2. Principal Place of Business 3.			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01052006	Chg-NP	CR2E	037 (11/05)	
City & State			City & State				4. FEI Numl 59-194		,		pplied For lot Applicable
Zip	Zip Country		Zip	Zip Coun			5. Certificate	e of Status Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Current F	Registered Agent		l		7. Name an	d Address of New	Registered	Agent	
QUALITY MANAGEMENT &SERVICES, INC					Name						
1761 W. HILLSBORO BLVD. SUITE 320					Street A	ddress (F	P.O. Box Numl	ber is Not Acceptab	(ek		
DEERFIEL	D BEACH	l, FL 33442									
					City	FL "					
8. The above the obligat	named entity tions of regist	y submits this statement for ered agent.	the purpose of changing its	registere	ed office or	r registere	ed agent, or b	oth, in the State of F	Rorida. I am	a familiar with	, and accept
SIGNATURE		or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signat.	ure required t	when reinstation)		DATE		
									Unit		
	_	·	9. Election Car Trust Fund C	npaign F			\$5.00 May Added to Fee:		Make chec	ck payable tertment of S	
10.	_	·	Trust Fund (npaign F			\$5.00 May Added to Fee:		Make chec orida Depa	rtment of S	itate
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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.

CITY-ST-ZIP

SSSY IF ALS IN

FILED

Mar 13, 2006 8:00 am Secretary of State