


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90028 019 ****61.25

DOCUMENT # 748940

1. Entity Name
 PARKWOOD CONDOMINIUM ASSOCIATION OF CORAL SPRINGS, INC.



Principal Place of Business
 QUALITY-MANAGEMENT & SERVICES, INC
 1761 W. HILLSBORO BLVD. SUITE 320
 DEERFIELD BEACH, FL 33442 US

Mailing Address
 QUALITY-MANAGEMENT & SERVICES, INC
 1761 W. HILLSBORO BLVD. SUITE 320
 DEERFIELD BEACH, FL 33442 US

2. Principal Place of Business - No P.O. Box #
 1971 W. McNAB ROAD
 Suite, Apt. #, etc.
 SUITE #2

3. Mailing Address
 P.O. Box 668367
 Suite, Apt. #, etc.

City & State
 POMPANO BEACH, FL

City & State
 POMPANO BEACH, FL


Zip
 33069

Country
 USA

Zip
 33066

Country
 USA

4200000



02212008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
 QUALITY MANAGEMENT & SERVICES, INC
 1761 W. HILLSBORO BLVD.
 SUITE 320
 DEERFIELD BEACH, FL 33442

4. FEI Number
 59-1944239

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

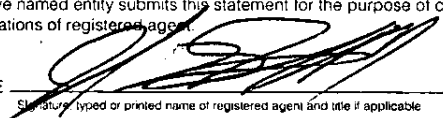
Name
 ALL FLORIDA MANAGEMENT SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable)
 1971 W. McNAB ROAD SUITE #2

City
 POMPANO BEACH FL

Zip Code
 33069

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  JOEL L. GOULD, PRES. ALL FLORIDA MGMT 2/21/08
 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUMPY, LINDA 9990 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUARIGLIA, LISA 9934 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSENAUER, WALTER 9984 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEEDFENBENDER, JOHN 9992 ROYAL PALM BLVD POMPANO BEACH, FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDA LUNDY 9990 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LORRAINE ANDERSON 9922 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALEX LOPEZ 9974 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ART ROSENAUER 9984 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID CONCEPCION 9920 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFF SCHULMAN 9924 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" 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:  President 2-19-08 Date 954 592 6042 Daytime Phone #