


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90046 013 \*\*\*\*61.25

<b>DOCUMENT # 756321</b> 1. Entity Name <b>THE PARK TOWNHOMES CONDOMINIUM NO. I ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O FULL SERVICE PROPERTY MANAGEMENT 4744 NW 114 AVE, #105 DORAL, FL 33178</b>			Mailing Address <b>C/O FULL SERVICE PROPERTY MANAGEMENT 4744 NW 114 AVE, #105 DORAL, FL 33178</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>59-1850995</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>FULL SERVICE PROPERTY MANAGEMENT 4744 NW 114 AVE, #105 DORAL, FL 33178</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	D FERNANDEZ, JUAN	<input type="checkbox"/> Delete			
NAME	3614 SW 112 AVE				
STREET ADDRESS	MIAMI, FL 33165				
CITY-ST-ZIP					
TITLE	TD SOTOLONZO, ISABEL	<input type="checkbox"/> Delete			
NAME	3614 SW 112 AVE				
STREET ADDRESS	MIAMI, FL 33165				
CITY-ST-ZIP					
TITLE	PD GONZALEZ, MARIA C	<input type="checkbox"/> Delete			
NAME	3614 SW 112 AVE				
STREET ADDRESS	MIAMI, FL 33165				
CITY-ST-ZIP					
TITLE	SD DEL TORO, MAYRA	<input type="checkbox"/> Delete			
NAME	3614 SW 112 AVE				
STREET ADDRESS	MIAMI, FL 33165				
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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.					
<b>SIGNATURE:</b> <i>Maria Christina Gonzalez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1-14-08 756 346-2110 Date Daytime Phone #	