

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756321

FILED
Jan 11, 2009
Secretary of State

Entity Name: THE PARK TOWNHOMES CONDOMINIUM NO. 1 ASSOCIATION, INC.

Current Principal Place of Business:

C/O FULL SERVICE PROPERTY MANAGEMENT
4744 NW 114 AVE, #105
DORAL, FL 33178

New Principal Place of Business:

C/O FULL SERVICE PROPERTY MANAGEMENT
6921 NW 77TH AVE
MIAMI, FL 33166

Current Mailing Address:

C/O FULL SERVICE PROPERTY MANAGEMENT
4744 NW 114 AVE, #105
DORAL, FL 33178

New Mailing Address:

C/O FULL SERVICE PROPERTY MANAGEMENT
6921 NW 77TH AVE
MIAMI, FL 33166

FEI Number: 59-1850995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULL SERVICE PROPERTY MANAGEMENT
4744 NW 114 AVE, #105
DORAL, FL 33178 US

Name and Address of New Registered Agent:

EISINGER, BROWN, LEWIS
PRESIDENTIAL CIRCLE SUITE 2655
4000 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021 US

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.

SIGNATURE: DENNIS EISINGER

01/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERNANDEZ, JUAN
Address: 3614 SW 112 AVE
City-St-Zip: MIAMI, FL 33165

Title: TD () Delete
Name: SOTOLONGO, ISABEL
Address: 3614 SW 112 AVE
City-St-Zip: MIAMI, FL 33165

Title: PD () Delete
Name: GOBERNA, MARIA C
Address: 3614 SW 112 AVE
City-St-Zip: MIAMI, FL 33165

Title: SD () Delete
Name: DEL TORO, MAYRA
Address: 3614 SW 112 AVE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: FERNANDEZ, JUAN
Address: 3614 SW 112 AVE
City-St-Zip: MIAMI, FL 33165

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FERREIRO, CARLOS
Address: 3626 SW 112 AVE
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA C. GOBERNA

PRES

01/11/2009

Electronic Signature of Signing Officer or Director

Date