

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 769631 1. Entity Name PARC VILLAGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business A & M PARTNERS, INC. 3475 N. HIATUS ROAD SUNRISE, FL 33351 US		Mailing Address A & M PARTNERS, INC. 3475 N. HIATUS ROAD SUNRISE, FL 33351 US	
2. Principal Place of Business - No P.O. Box # GOLDMAN, JUDA, MARTIN + ESKEW Suite, Apt. #, etc. 8211 W. BROADWAY BLVD, PH. 1 City & State PLANTATION FL Zip 33324		3. Mailing Address GOLDMAN, JUDA, MARTIN + ESKEW Suite, Apt. #, etc. 8211 W. BROADWAY BLVD, PH. 1 City & State PLANTATION FL Zip 33324	
4. FEI Number 59-2425521		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A & M PARTNERS, INC. 3475 NORTH HIATUS RD SUNRISE, FL 33351 <i>Rosa Page</i> <i>1621 NW 81 Way</i> <i>Plantation FL 33322</i>		7. Name and Address of New Registered Agent Name ROSA PAGE Street Address (P.O. Box Number is Not Acceptable) 1621 NW 81 Way City PLANTATION FL Zip Code 33322	
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 8-13-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VP NAME PAGE, ROSA STREET ADDRESS 3475 NORTH HIATUS ROAD CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE President NAME PAGE, ROSA STREET ADDRESS 1621 NW 81 Way CITY-ST-ZIP Plantation FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME SUAREZ, ALFONSO STREET ADDRESS 3475 NORTH HIATUS ROAD CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE Vice President NAME EMIR GEORNGA STREET ADDRESS POPT NW 15TH MANOR CITY-ST-ZIP PLANTATION FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME ESTOK, FRANK STREET ADDRESS 3475 NORTH HIATUS ROAD CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE Michael Kohler Treasurer NAME Michael Kohler STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME REILLY, DENNIS STREET ADDRESS 3475 NORTH HIATUS ROAD CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE Secretary NAME Leah Oster STREET ADDRESS 8168 NW 15TH MANOR #5 CITY-ST-ZIP PLANTATION FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:		Date 8-13-07 Daytime Phone #	