


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90005 031 ***158.75

DOCUMENT # F73620 1. Entity Name PARKLEIGH APARTMENT CORPORATION					
Principal Place of Business AMERICAN MEDICAL PLAZA 5601 NORTH DIXIE HIGHWAY FORT LAUDERDALE FL 33334 US			Mailing Address AMERICAN MEDICAL PLAZA 5601 NORTH DIXIE HIGHWAY FORT LAUDERDALE FL 33334 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2279079	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MUDD, JOHN 5601 NORTH DIXIE HIGHWAY SUITE 420 FORT LAUDERDALE FL 33334				7. Name and Address of New Registered Agent Name Timothy C. Lincoln, Esq. Street Address (P.O. Box Number is Not Acceptable) Downtown Legal Center 46 N. E. 6th Street City Miami	
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.				FL Zip Code 33132	
SIGNATURE <u>Timothy C. Lincoln</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>Timothy C. Lincoln, V.P.</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE <u>3/15/04</u> <small>DATE</small>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIAZ, MAYRA 5601 NORTH DIXIE HIGHWAY SUITE 420 FORT LAUDERDALE FL 33334	<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	PD MUDD, JOHN 5601 NORTH DIXIE HIGHWAY SUITE 420 FORT LAUDERDALE FL 33334	<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	VPD LINCOLN, TIMOTHY 5601 NORTH DIXIE HIGHWAY SUITE 420 FORT LAUDERDALE FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 exemption stated in Section 119.07(3)(i), 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 607, 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 <u>Timothy C. Lincoln</u> Timothy C. Lincoln, V.P. <u>3/15/04</u> (954) 202-1998 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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MOORE CR2E034 (11/03)