


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 08:00 AM
Secretary of State

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		4. FEI Number 59-2279079	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
5. Name and Address of Current Registered Agent LINCOLN, TIMOTHY C ESQ. DOWNTOWN LEGAL CENTER 46 NE 6TH STREET MIAMI FL 33132				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-issuing)					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May E Added to Fees </div> </div>					
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	000000535343 <input type="checkbox"/> Change <input type="checkbox"/> Add 05/08/06-80050-002 158.75	
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"/> Add	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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. 4/17/06					