

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90043 047 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2279079

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINCOLN, TIMOTHY C ESQ.
DOWNTOWN LEGAL CENTER
46 NE 6TH STREET
MIAMI FL 33132

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
Timothy C. Lincoln
5601 North Dixie Highway, Suite 411
Ft. Lauderdale, FL 33334 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPD
LINCOLN, TIMOTHY
5601 NORTH DIXIE HIGHWAY SUITE 420
FORT LAUDERDALE FL 33334 ☒ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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CITY- ST- ZIP

☐ Change ☐ Addition

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: *Timothy C. Lincoln*

Timothy C. Lincoln

4/1/08

(954) 202-1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #