2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 24, 2005
Secretary of State

DOCUMENT# N00000006076

Entity Name: PARK TERRACES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6835 VIENTO WAY
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7273 W. ATLANTIC AVE.
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 65-1096940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEUTCH, JEFFREY A
7777 GLADES ROAD
SUITE 300
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

COHEN, MARC M ESQUIRE
21087 VIA VENTURA
BOCA RATON, FL 33433 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: MARC M. COHEN, ESQUIRE 06/24/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, SCOTT
Address: 2458 NW 98TH LANE
City-St-Zip: SUNRISE, FL 33322

Title: VPD ( ) Delete
Name: SATTY, PAUL
Address: 9840 NW 24TH COURT
City-St-Zip: SUNRISE, FL 33332

Title: SD ( ) Delete
Name: SHORTY, MELBY
Address: 2428 NW 99TH WAY
City-St-Zip: SUNRISE, FL 33332

Title: TD ( ) Delete
Name: FLEXMAN, JUDITH
Address: 2400 NW 99TH WAY
City-St-Zip: SUNRISE, FL 33332

Title: D ( ) Delete
Name: EBSARY, NORM
Address: 2416 NW 99TH WAY
City-St-Zip: SUNRISE, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCOTT WILLIAMS PD 06/24/2005
Electronic Signature of Signing Officer or Director Date