8/14/07

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 AUG 31 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006076

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

| Principal Place of Business | Mailing Address |
|---|---|
| ~~1495 NORTH PARK DRIVE~~<br>~~WESTON, FL 33326~~ | ~~1495 NORTH PARK DRIVE~~<br>~~WESTON, FL 33326~~ |

07112007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 11784 W. Sample Rd | 11784 W. Sample Rd |
| Suite, Apt. #, etc. #103 | Suite, Apt. #, etc. #103 |
| City & State CORAL Springs FL | City & State CORAL Springs FL |
| Zip 33065 Country USA | Zip 33065 Country USA |

4. FEI Number 65-1096940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~BAKALAR & EICHNER, P.A.~~
~~150 SOUTH PINE ISLAND RD., SUITE 540~~
~~PLANTATION, FL 33324~~

7. Name and Address of New Registered Agent

Name: United Community Mgt. Corp.
Street Address (P.O. Box Number is Not Acceptable): 11784 West ~~Sample~~ Rd #103
City: CORAL Springs FL Zip Code: 33065

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: Renee Kattawar V P Finance United Comm Mgmt 8/28/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WILLIAMS, SCOTT<br>2458 NW 98TH LANE<br>SUNRISE, FL 33322 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>700109193357<br>09/07/07--01012--014 **61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>SATTY, PAUL<br>9840 NW 24TH COURT<br>SUNRISE, FL 33332 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>WRIGHT, LINDA<br>2310 NW 98 LANE<br>SUNRISE, FL 33332 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>FLEXMAN, JUDITH<br>2400 NW 99TH WAY<br>SUNRISE, FL 33332 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NIKULAI, FRANCIS<br>2120 NW 99 WAY<br>SUNRISE, FL 33332 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RETZLOFF, WENDY<br>2030 NW 99 WAY<br>SUNRISE, FL 33332 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>☒ Change ☐ 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:** 8-28-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/4/07