

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004453

1. Entity Name
**THE PARKLAND MAGIC PLAT MAINTENANCE
ASSOCIATION, INC.**



Principal Place of Business
**4801 W HILLSBORO BLVD
COCONUT CREEK, FL 33073**

Mailing Address
**4801 W HILLSBORO BLVD
COCONUT CREEK, FL 33073**



DO NOT WRITE IN THIS SPACE

01092006 No Chg-NP CR2E337 (11/05)

4. FEI Number
26-0078422

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITE, ROBERT A
1401 UNIVERSITY DR, STE 600
CORAL SPRINGS, FL 33071**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000447301
03/08/06-80076-002 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
MANGONE, MARIO
4801 W HILLSBORO BLVD
COCONUT CREEK, FL 33073**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
DONNELLY, MICHAEL
7250 N2 82 TERR
PARKLAND, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
MAURODIS, ANDREW S
8818 NW 80 CT
PARKLAND, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/06