

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 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**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0078422	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**U000000578948
01/09/07-80049-015 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 8616 NW 60 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

Mario Mangone 1/4/07

Date

Daytime Phone #

984-126-0123