


**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

<h1 style="margin: 0;">DOCUMENT # N03000003116</h1>					
<b>1. Entity Name</b> CASERAS AT PARKLAND GOLF & COUNTRY CLUB CONDONINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 11784 W SAMPLE RD 103 CORAL SPRINGS, FL 33065			<b>Mailing Address</b> 11784 W SAMPLE RD 103 CORAL SPRINGS, FL 33065		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
<b>6. Name and Address of Current Registered Agent</b>					
UNITED COMMUNITY MGMT. CORP 11784 W.SAMPLE RD 103 CORAL SPRINGS, FL 33065				Name	
				Street Address	
				City	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b>		P ANDERSON, ANDREW W  7661 OLD TYME CRT POMPANO BEACH, FL 33076 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b>	
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		STD SMALL, MITHCHELL J  7561 OLD TYME CT POMPANO BEACH, FL 33076 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b>	
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		D CONLON, EILEEN  P.O. BOX 143771 CORAL GABLES, FL 33114 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b>	
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		D DALI, ANTHONY  7563 OLD THYME CT. PARKLAND, FL 33076 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		<b>TITLE</b>	
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>				<b>TITLE</b>	
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>				<b>TITLE</b>	
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

SIGNATURE: Mitchell J. Small - Secretary 3/29/08 561.213.4121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #