2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N0300003116 1. Entity Name CASERAS AT PARKLAND GOLF & COUNTRY CLUB CONDONINIUM ASSOCIATION, INC.									04-07-200	8 90052 01	14 ****61	1.25	
Principal Place of Business 11784 W SAMPLE RD 103 CORAL SPRINGS, FL 33065			1178 103	Mailing Address 11784 W SAMPLE RD 103 CORAL SPRINGS, FL 33065									
Principal Place of Business - No P.O. Box # 3.				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03032008	Chg-NP	CR2E03	7 (12/06)		
City & State				City & State				4. FEI Number Applied For 13-4249206 Not Applicable					
Zip	Zip Country				Cou	5. Certificate o			of Status Desired		\$8.75 Add Fee Required	itional	
6. Name and Address of Current Registered Agent								7. Name and	Address of New	Registered A	gent		
The state of the s							Name						
UNITED COMMUNITY MGMT. CORP 11784 W.SAMPLE RD 103						Street Address (P.O. Box Number is Not Acceptable)							
CORAL SPRINGS, FL 33065													
	City						FL	Zip Code	÷				
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													
Fillng Fee Is \$61.25 Due by May 1, 2008				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 DI	RECTORS		11.			ADDITIONS/CHA	NGES TO OFFIC	ERS AND DIE	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME ANDERSON, ANDREW W STREET ADDRESS 7661 OLD TYME CRT				TITU Nam Stre			ADD MONG/OIL	Maza 10 of he	JENO AND DI	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMALL, N 7561 OLD POMPAN	☐ Delete							Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i e									,	Change	■ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		THONY O THYME CT. ND, FL 33076		Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						-	☐ Change	Addition	
TITLE				☐ Delete	TITL	F					☐ 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

MISSIPPE AND SHED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/08

561.213.4121

Daytime Phone #