2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 03, 2005 8:00 am Secretary of State

08-03-2005 90064 028 ****61.25

DOCUMENT # N03596 PARKWALK CASPR INC. 50059709 Principal Place of Business Mailing Address 5525 PARKWALK CRCL E 5525 PARKWALK CRCL E **BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07152005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2420788 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name _ SIMONSON, FLORENCE 5525 PARKWALK CRCL E Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH, FL 33437** 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Added to Fees Make check payable to Due by September 7, 2005 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition LOGVIN, ISADOR NAME NAME STREET ADDRESS 5678 PARKWALK CIRCLE E. STREET ADDRESS CITY-ST-ZIP BOYNTON BCH, FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition SIMONSON, FLORENCE NAME NAME STREET ADDRESS 5525 PARKWALK CIRCLE E. STREET ADDRESS BOYNTON BCH, FL CITY-ST-7IP CITY-ST-ZIP VPD TITLE Delete TITLE ☐ Change ☐ Addition MOORE, WILLIAM NAME NAME STREET ADDRESS **5722 PARKWALK CIRCLE EAST** STREET ADDRESS CITY-SI-ZIP-BOYNTON BEACH, FL-33437 --CITY-ST-ZIP_ TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIES F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 (0 or Block 11 changed, or on an attactment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 15, 2005

PARKWALK CASPR INC. 5525 PARKWALK CRCL E BOYNTON BEACH, FL 33437

SUBJECT: PARKWALK CASPR INC.

Ref. Number: N03596

Let check for 2004 Feb 1st 61.25 # 1658 hence redeved a native for 2005

We have received your check(s) totaling \$161.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

The fee to file the enclosed nonprofit annual report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner Senior Section Administrator

Letter Number: 305A00046776