

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90057 023 \*\*\*\*61.25

<b>DOCUMENT # N04000011835</b>					
<b>1. Entity Name</b> PARKLAND ESTATES HOA, INC.					
<b>Principal Place of Business</b> 8190 STATE ROAD 84 DAVIE, FL 33324			<b>Mailing Address</b> 8190 STATE ROAD 84 DAVIE, FL 33324		
<b>2. Principal Place of Business - No P.O. Box #</b> Phoenix Management		<b>3. Mailing Address</b> 4800 N. State RD 7			
<b>Suite, Apt. #, etc.</b> 105		<b>Suite, Apt. #, etc.</b> 105			
<b>City &amp; State</b> Lauderdale Lakes		<b>City &amp; State</b> Lauderdale Lakes FL			
<b>Zip</b> 33319	<b>Country</b> USA	<b>Zip</b> 33319	<b>Country</b> USA	<b>4. FEI Number</b> 20-2055958	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> JEFFREY R. MARGOLIS, P.A. C/O DUANE MORRIS LLP 200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name: Phoenix Management Services Inc Street Address (P.O. Box Number is Not Acceptable): 4800 N. State RD 7 Suite 105 City: Lauderdale Lakes FL Zip Code: 33319		
<b>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.</b> SIGNATURE: <i>Jeffrey R. Margolis</i> agent for the association <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP <b>NAME</b> SCHRAGER, MARLENE <b>STREET ADDRESS</b> 8190 STATE ROAD 84 <b>CITY-ST-ZIP</b> DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DPERENSKAW JOHNSON, RUBY <b>NAME</b> 10421 MAJESTIC COURT <b>STREET ADDRESS</b> PARKLAND FL 33076 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DST <b>NAME</b> VANESS, RICHARD <b>STREET ADDRESS</b> 8190 STATE ROAD 84 <b>CITY-ST-ZIP</b> DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DVP1 <b>NAME</b> SILBER, ANDREW <b>STREET ADDRESS</b> 10251 MAJESTIC TRAIL <b>CITY-ST-ZIP</b> PARKLAND FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DV <b>NAME</b> DRUCKER, ROSLYN <b>STREET ADDRESS</b> 8190 STATE ROAD 84 <b>CITY-ST-ZIP</b> DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DVP2 <b>NAME</b> MILLER, CALVIN <b>STREET ADDRESS</b> 10221 MAJESTIC TRAIL <b>CITY-ST-ZIP</b> PARKLAND FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> DT <b>NAME</b> GOVENS, KARAM <b>STREET ADDRESS</b> 10440 MAJESTIC COURT <b>CITY-ST-ZIP</b> PARKLAND FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> DS <b>NAME</b> CANLEY, ANN <b>STREET ADDRESS</b> 10410 MAJESTIC COURT <b>CITY-ST-ZIP</b> PARKLAND FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Ruby Pearl Johnson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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