


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2008 8:00 am**  
**Secretary of State**

08-18-2008 90003 046 \*\*\*\*61.25

<b>DOCUMENT # N04000011835</b> 1. Entity Name <b>PARKLAND ESTATES HOA, INC.</b>					
Principal Place of Business <b>PHOENIX MANAGEMENT</b> <b>105</b> <b>LAUDERDALE LAKES, FL 33319</b>			Mailing Address <b>4800 N SUITE RD. 7</b> <b>105</b> <b>LAUDERDALE LAKES, FL 33319</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. <b>PRO. PROPERTY MANAGEMENT, INC.</b> <b>2176 W. OAKLAND PARK BLVD.</b>			07292008 Chg-NP CR2E037 (12/06)		
City & State <b>FT. LAUDERDALE, FL 33311</b>			4. FEI Number <b>20-2055958</b>		
Zip Country Zip Country Country <b>Broward</b>			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>PHOENIX MANAGEMENT SERVICES INC</b> <b>4800 N STATE RD. SUITE 105</b> <b>LAUDERDALE LAKES, FL 33319</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>PRO. PROPERTY MANAGEMENT, INC.</b> <b>2176 W. OAKLAND PARK BLVD.</b> City <b>FT. LAUDERDALE, FL 33311</b> <b>FL</b> 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 <u><i>Phau</i></u> DATE <u>9/12/08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRENSHAW JOHNSON, RUBY 10421 MAJESTIC COURT PARKLAND, FL 33076	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SIBLER, ANDREW 10251 MAJESTIC TRAIL PARKLAND, FL 33076	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, CALVIN 10221 MAJESTIC TRAIL PARKLAND, FL 33076	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOVENS, KARAM 10440 MAJESTIC COURT PARKLAND, FL 33076	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GANLEY, ANN 10410 MAJESTIC COURT PARKLAND, FL 33076	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <u><i>Ruby Crenshaw-Johnson</i></u> DATE <u>8/12/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					