

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006241

FILED
Apr 23, 2007
Secretary of State

Entity Name: PARK DRIVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6518 N STATE RD 7
COCONUT CREEK, FL 33073

New Principal Place of Business:

5481 WILES ROAD
501
COCONUT CREEK, FL 33073

Current Mailing Address:

6518 N STATE RD 7
COCONUT CREEK, FL 33073

New Mailing Address:

5481 WILES ROAD
501
COCONUT CREEK, FL 33073

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, LANCE
6518 N STATE RD 7
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

SHERMAN, LANCE
5481 WILES ROAD
501
COCONUT CREEK, FL 33073 US

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.

SIGNATURE: LANCE SHERMAN

04/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHERMAN, LANCE
Address: 6518 N STATE RD 7
City-St-Zip: COCONUT CREEK, FL 33073

Title: DS () Delete
Name: SHERMAN, RITA
Address: 6518 N STATE RD 7
City-St-Zip: COCONUT CREEK, FL 33073

Title: DV () Delete
Name: FITZSIMMONS, WILLIAM
Address: 6518 N STATE RD 7
City-St-Zip: COCONUT CREEK, FL 33073

Title: DT () Delete
Name: FITSIMMONS, SUSAN
Address: 6518 N STATE RD 7
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SHERMAN, LANCE
Address: 5481 WILES ROAD, SUITE 501
City-St-Zip: COCONUT CREEK, FL 33073

Title: DS (X) Change () Addition
Name: SHERMAN, RITA
Address: 5481 WILES ROAD, SUITE 501
City-St-Zip: COCONUT CREEK, FL 33073

Title: DV (X) Change () Addition
Name: FITZSIMMONS, WILLIAM
Address: 5481 WILES ROAD, SUITE 501
City-St-Zip: COCONUT CREEK, FL 33073

Title: DT (X) Change () Addition
Name: FITSIMMONS, SUSAN
Address: 5481 WILES ROAD, SUITE 501
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANCE SHERMAN

DP

04/23/2007

Electronic Signature of Signing Officer or Director

Date