2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000008203					1-7	LED			
1. Entity Name DARLINGTON PARK HOMEOWNERS' ASSOCIATION, INC.					08 JUL -	8 AM 9:07	7		
Principal Place of Business PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 BOCA RATON, FL 33487 Rating Address PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487						RY OF STATI SSEE, FLORID			
Principal Place of Business - No P.O. Box # 3. Mailing Address			· · · · · · · · · · · · · · · · · · ·						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			06132008 Chg-N	NP CR2E	037 (12/06)		
City & State		City & State		<u> </u>	4. FEI Number 20-3294515			oplied For	
Zip	Country	Zip	Country		5. Certificate of Status	Desired	\$8.75 Add Fee Require	ditional ed	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
GELFARD									
PRIME MANAGEMENT GROUP INC BOCA RATON, FL 33487				Street Address (P.O. Box Number is Not Acceptable)					
				y 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									
Amended AR is \$61.25 Trust Fund Contribution					\$5.00 May Be Added to Fees Fiorida Department of State				
10.	OFFICERS AND DI		11.		ADDITIONS/CHANGES T		DIRECTORS IN		
TITLE NAME	PT GAUDET, LYNNE	Delete	TITLE : NAME		ident/treas arez,Mercedo		☐ Change	Addition	
STREET ADDRESS				863	7 String R	oad			
CITY-ST-ZIP	COOPER CITY, FL 33328 cm			Coq	per city, FC	33378			
TITLE NAME	VS SLDelete TITL GOLDSTEIN, LARRY NAM				2 President	Secretary	☐ Change	Addition	
STREET ADDRESS				HI1	Thouse, Paul	land.		}	
CITY-ST-ZIP	COOPER CITY, FL 33328			<u> co</u>	oper city, po	33328			
TITLE	DT GOLDSTEIN, LAREY	Delete	TITLE NAME		,		Change	☐ Addition	
STREET ADDRESS				s					
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	<u> </u>					
TITLE NAME	D VIRGINIA, KELLY	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS	8637 STIRLING RD		STREET ADDRES	s	2001	32595:	912		
CITY-ST-ZIP	COOPER CITY, FL 33328		CITY-ST-ZIP	<u> </u>	07/09/08~-	32595: <u>01035010</u>	**61.	25	
NAME		☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS	s					
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>					
TITLE NAME		☐ Delete	. TITLE NAME				☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS	s					
CITY-ST-ZIP	positive that the information are all 11 70	ship fitting days and array	CITY-ST-ZIP		in Observe 440 First	Otational Life Control			
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 improvered 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 addiress, with all other like empowered.									
SIGNATURE: 100 301 346-9900									
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #									

