2008 NOT-FOR-PROFIT CORPORATION

FILED May 01, 2008 8:00 am

	ANNOAL	SA	Secretary of State					
1. Entity Nam	MENT # N05000012 PARK CLUB COMMUNIT	RR/DR		y O1 Sta 274 001 ***183.				
Principal Place of Business 8151 PETERS ROAD CROSSROADS BLDG #2 PLANTATION, FL 33324		Mailing Address 8151 PETERS ROAD CROSSROADS BLDG #2 PLANTATION, FL 33324		1/28/801 83/ 8015	1 EUR REUN REUN ARUN ARUN F	660089	63 Milium	
200 S. Orango Avenue		3. Mailing Address 200 S. Orange Avenue						
Suite, Apt. #, etc. () Suite 1900		Suite, Apt. #, etc. Suite 1900			hg-NP	CR2E037 (12/06)		
City & State Orlando, FL		City & State Orlando FL		4. FEI Number 20-392996	69		pplied For ot Applicable	
zip 3280	Country	32801	Country	5. Certificate of S		□ \$8.75 Ad Fee Requir		
6. Name and Address of Current Registered Agent Name 7					7. Name and Address of New Registered Agent			
JEFFREY R. MARGOLIS, P.A. C/O DUANE MORRIS LLP 200 SOUTH BISCAYNE BLVD., SUITE 3400			Street Ad	Street Address (P.O. Box Number is Not Acceptable) 200 S. Orango Ave. Suite 1900				
MIAMI, FL 33131			City		FL Zip Code			
				registered agent, or both, in	the State of Florid	· - 1 <u>52</u>	801 and accept	
the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$61.25 9. Election Campaig Due by May 1, 2008 Trust Fund Contri				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DI		11.		SES TO OFFICERS	S AND DIRECTORS I	- •	
NAME STREET ADDRESS CITY-ST-ZIP	DP SCHRAGER, MARLENE 8190 STATE RD 84 DAVIE, FL 33324	⊠ Delete		DP Robert M Gard 200 S. Orange Orlands, FL 3 DVPT	ner Aver, Suit 12801	□ Change ∠ 1900	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAPALE, MICHAEL 8151 PETERS ROAD PLANTATION, FL 33324	🔀 Delete	NAME STREET ADDRESS	DVPT Janice Entsmi 200 s. Orangu Orlando, FL	Ager Suit	□ Change < 1900	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CUMMINGS, KENDALL 8151 PETERS ROAD PLANTATION, FL 33324	⊠ Delete	TITLE NAME STREET ADDRESS	DS Brett Sealy 200 S. Oranje A Orlando, FL 32	ra, suite 1	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ 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 by 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 addresse with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4074819182

Daytime Phone #