## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 28, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N08842 PARK HOMEOWNERS ASS	SOCIATION, INC.		02-	-28-2007 90002 036 ****6	51.25
Principal Place of Business 7 22151 SHOREWOOD DR BOCA RATON, FL 33428 US			US		25465 (1190) 100 80 100 800 100 100 100 100 1	81110 at 1114
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	- w , ,			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007 Chg	-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1766577	<del></del>	pplied For lot Applicable
Zip 	Country	Zip	Country	5. Certificate of Stat	us Desired	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Addre	ss of New Registered Agent	
VALYO, PAUL 22151 SHOREWIND DRIVE BOCA RATON, FL 33428			Name Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip Co	de
8. The above the obligat	named entity submits this statement for ions of registered agent	the purpose of changing its re-	gistered office or reg	istered agent, or both, in th		i, and accept
	Signature, typed or printed name of registered agent a	and trie if applicable (NOTE R	egistered Agent signature rec	quired when reinstating)	DA'ŧ	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp. Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	DA't Make check payable Florida Department of S	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp. Trust Fund Cor	aign Financing ntribution.	\$5.00 May Be Added to Fees	Make check payable Florida Department of S TO OFFICERS AND DIRECTORS I	N 10
10.  THE NAME STREET ADDRESS CHY-S1-ZIP	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIR PD MAIDA, VINCENT 22561 BLUE FIN TR	9. Election Campa Trust Fund Cor	aign Financing ntribution.	\$5.00 May Be Added to Fees	Make check payable Florida Department of S	State
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIR PD MAIDA, VINCENT	9. Election Camp. Trust Fund Cor	aign Financing ntribution.  11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES	Make check payable Florida Department of S TO OFFICERS AND DIRECTORS I Change Change	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIR  PD MAIDA, VINCENT 22561 BLUE FIN TR BOCA RATON, FL 33428 D SMITH, MARY 22538 SEA BASS DR BOCA RATON, FL 33428 DVT TERNANDEZ, CLAUDIA	9. Election Campa Trust Fund Con	aign Financing ntribution.  11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES	Make check payable Florida Department of S TO OFFICERS AND DIRECTORS I Change Change	State N 10 Addition
THE NAME STREET ADDRESS CHY-SI-ZIP THE NAME STREET ADDRESS CITY-SI-ZIP THE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIR  PD MAIDA, VINCENT 22561 BLUE FIN TR BOCA RATON, FL 33428 D SMITH, MARY 22538 SEA BASS DR BOCA RATON, FL 33428 DVT TERNANDEZ, CLAUDIA 22522 BLUE MARLIN DR	9. Election Camp. Trust Fund Cor EECTORS  Delete	aign Financing ntribution.  11.  1IILE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  1ITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES  OPENTO Petro 2441 Than Poca Raton F	Make check payable Florida Department of S S TO OFFICERS AND DIRECTORS I Change Change Change Change	State  N 10 Addition  Addition  Addition
TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIR  PD MAIDA, VINCENT 22561 BLUE FIN TR BOCA RATON, FL 33428 D SMITH, MARY 22538 SEA BASS DR BOCA RATON, FL 33428 DVT TERNANDEZ, CLAUDIA 22522 BLUE MARLIN DR BOCA RATON, FL 33428 SD MITCHELL, VALATI 22496 SWORDFISH	9. Election Campa Trust Fund Con Delete Delete	aign Financing ntribution.  11.  1IILE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  1ITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES	Make check payable Florida Department of S	State  N 10 Addition  Addition  Addition

12. Thereby 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: \_

Vincent Maida
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/07

561-362-7444