2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# N19585

Entity Name: PARKDALE HEIGHTS & LYNDALE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3110 SW 19 TER
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

31`10 SW 19 TER
MIAMI, FL 33145 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MORA, CARIDAD L.
3110 S.W. 19 TERRACE
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MORA, CARIDAD L.,	
Address:	3110 S.W. 19 TER.	
City-St-Zip:	MIAMI, FL	
Title:	VD	( ) Delete
Name:	RODRIGUEZ, RAUL,	
Address:	3185 S.W. 19 STREET	
City-St-Zip:	MIAMI, FL	
Title:	TD	( ) Delete
Name:	GARCIA, JULIO, JR.,	
Address:	3125 S.W. 19 STREET	
City-St-Zip:	MIAMI, FL	
Title:	SD	( ) Delete
Name:	SABALA, THELMA	
Address:	3095 SW 19TH TERR	
City-St-Zip:	MIAMI, FL 33145	
Title:	D	( ) Delete
Name:	MARCOS, VICTOR	
Address:	3190 SW 19TH STREET	
City-St-Zip:	MIAMI, FL 33141	
Title:	D	( ) Delete
Name:	NIMER, WILLIAM	
Address:	3101 SW 19 TERR	
City-St-Zip:	MIAMI, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARIDAD L. MORA PD 04/20/2005

Electronic Signature of Signing Officer or Director — Date