NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N19585*

1. Entity Name

PARKDALE Heights &LYNDALE Homeowners As.

40114313

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3110 S.W. 19 TER.	*3110 S.W. 19 TER.*
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami, FL	*Miami, FL*
City & State	City & State

Zip	Country	Zip	Country
33145	*DADE*	*33145*	*DADE*

4. FEI Number *Not Applicable* — Applied For / Not Applicable [X]

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *CARIDAD L. MORA*

Street Address (P.O. Box Number is Not Acceptable) *3110 S.W. 19 TER.*

City *Miami* FL Zip Code *33145*

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 *CARIDAD L. MORA*
Signature, typed or printed name of registered agent and title if applicable.   (NOT FL. Registered Agent signature required when reinstating)   DATE *3/26/07*

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10.

We Can Do It!

TITLE		TITLE	
NAME	Ms. Caridad Mora	NAME	
STREET ADDRESS	3110 SW 19th Ter.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33145	CITY-ST-ZIP	
TITLE	*VD*	TITLE	
NAME	*RODRIGUEZ RAUL*	NAME	
STREET ADDRESS	*3185 S.W. 19 St.*	STREET ADDRESS	
CITY-ST-ZIP	*Miami, FL 33145*	CITY-ST-ZIP	
TITLE	*TD*	TITLE	
NAME	*GARCIA JULIO, JR.*	NAME	
STREET ADDRESS	*3125 SW 19 St.*	STREET ADDRESS	
CITY-ST-ZIP	*Miami, FL 33145*	CITY-ST-ZIP	
TITLE	*SD*	TITLE	
NAME	*THELMA SABALA*	NAME	
STREET ADDRESS	*3095 S.W. 19 TER.*	STREET ADDRESS	
CITY-ST-ZIP	*Miami, FL 33145*	CITY-ST-ZIP	
TITLE	*D*	TITLE	
NAME	*VICTOR MARCOS*	NAME	
STREET ADDRESS	*3170 S.W. 19 TER.*	STREET ADDRESS	
CITY-ST-ZIP	*Miami, FL 33145*	CITY-ST-ZIP	
TITLE	*Change to "theother Moved"*	TITLE	
NAME	*MANUEL Roche*	NAME	
STREET ADDRESS	*3181 SW 19 TER*	STREET ADDRESS	
CITY-ST-ZIP	*Miami, FL 33145*	CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *CARIDAD L. MORA*   *3/26/07   305-444-3765*

CR2E037B (12/02)