


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90097 002 ****61.25

DOCUMENT # N27305 1. Entity Name PARKWOOD ISLE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10071 SW 16TH PLACE DAVIE, FL 33324 US			Mailing Address 10071 SW 16TH PLACE DAVIE, FL 33324 US		
2. Principal Place of Business - No P.O. Box # 1145 SAWGRASS CORP PKWY		3. Mailing Address 1145 SAWGRASS CORP PKWY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SUNRISE FL		City & State SUNRISE FL		4. FEI Number 65-0117307	
Zip 33323		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent IDANIA, JOLIE 10120 SW 15 PL DAVIE, FL 33324			7. Name and Address of New Registered Agent Name KATZMAN 3 KORT, P.A. Street Address (P.O. Box Number is Not Acceptable) 1501 N.W. 49TH ST. Suite 202 City Ft. Lauderdale FL Zip Code 33309		
8. The above named entity submits the 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 <u><i>Patricia L. Kort, Esq.</i></u> DATE <u>5/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, KEN 10141 SW 17TH COURT DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAPPA, LEONARD 1145 SAWGRASS CORP PKWY SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOLIE, IDANIA 10120 SW 15TH PLACE DAVIE, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOLFE, ALISA 1145 SAWGRASS CORP PKWY SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAPPA, LEONARD 1530 SW 100TH TERRACE DAVIE, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOLIE, IDANIA 1145 SAWGRASS CORP PKWY SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBBINS, ADELE 10111 SW 17TH COURT DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, MIKE 1145 SAWGRASS CORP PKWY SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOLFE, ALISA 10091 SW 16TH PLACE DAVIE, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u><i>Leonard Rappa</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>5/3/07</u> <u>954-270-8878</u> <small>Date Daytime Phone #</small>		