


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N30260 1. Entity Name PARKWOOD HOMES THREE ASSOCIATION INC.						SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT 31 AM 10:53	
Principal Place of Business P.O. BOX 26741 TAMARAC, FL 33320				Mailing Address P.O. BOX 26741 TAMARAC, FL 33320			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BECKER, POLIAKOFF & STREITFELD, P.A. POLIAKOFF, GARY 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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 STENMARK, SIGVARD 5200 NW 99TH AVE SUNRISE, FL 33351 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FEIGOFSKY, STEVE 5219 NW 99 AVE. SUNRISE, FL 33351 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BLITZ, PATRICIA 5225 NW 99TH AVE FORT LAUDERDALE, FL 33351 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Erika Puentes 9998 NW 52nd street Sunrise, FL 33351 <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STERNBERG, ELIZABETH 5226 N.W. 99 TERRACE SUNRISE, FL 33351 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Kimberly Kline 5200 NW 99th Terrace Sunrise, FL 33351 <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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>Erika Puentes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>10/16/06</u> Daytime Phone #: <u>954-478-8834</u>			