


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N30260</b> 1. Entity Name <b>PARKWOOD HOMES THREE ASSOCIATION INC.</b>	
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Principal Place of Business <b>P.O. BOX 26741 TAMARAC, FL 33320</b>	Mailing Address <b>P.O. BOX 26741 TAMARAC, FL 33320</b>
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01152007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEJ Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.  
POLIAKOFF, GARY  
3111 STIRLING ROAD  
FORT LAUDERDALE, FL 33312**

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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STENMARK, SIGVARD 5200 NW 99TH AVE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FEIGOFISKY, STEVE 5219 NW 99 AVE. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PUENTES, ERIKA 9998 N.W. 52ND STREET SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLINE, KIMBERLY 5208 N.W. 99TH TERRACE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/07-80023-015 61.25

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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:** Erika Puentes 1/19/07 954-478-8834  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #