


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N30260 1. Entity Name PARKWOOD HOMES THREE ASSOCIATION INC.	
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Principal Place of Business P.O. BOX 26741 TAMARAC, FL 33320	Mailing Address P.O. BOX 26741 TAMARAC, FL 33320
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01182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent BECKER, POLIAKOFF & STREITFELD, P.A. POLIAKOFF, GARY 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312	DO NOT WRITE IN THIS SPACE
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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 _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000797306 01/23/08-80068-010 61.25
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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 FEIGOFFSKY, 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	

DO NOT WRITE IN THIS SPACE

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>	<u>1/21/08</u>	<u>954-478-8834</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #