

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30260

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: PARKWOOD HOMES THREE ASSOCIATION INC.

## Current Principal Place of Business:

P.O. BOX 26741  
TAMARAC, FL 33320

## New Principal Place of Business:

5200 NW 99TH AVE  
SUNRISE, FL 33351

## Current Mailing Address:

P.O. BOX 26741  
TAMARAC, FL 33320

## New Mailing Address:

P.O. BOX 26741  
TAMARAC, FL 33320 67

FEI Number: 65-0117309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: STENMARK, SIGVARD  
Address: 5200 NW 99TH AVE  
City-St-Zip: SUNRISE, FL 33351

Title: VD ( ) Delete  
Name: FEIGOFISKY, STEVE  
Address: 5219 NW 99 AVE  
City-St-Zip: SUNRISE, FL 33351

Title: TD ( ) Delete  
Name: PUENTES, ERIKA  
Address: 9998 N.W. 52ND STREET  
City-St-Zip: SUNRISE, FL 33351

Title: SD ( ) Delete  
Name: KLINE, KIMBERLY  
Address: 5208 N.W. 99TH TERRACE  
City-St-Zip: SUNRISE, FL 33351

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: SCHWARTZ, ROBERT  
Address: 5224 NW 99TH AVENUE  
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIKA PUENTES

TD

01/29/2009

Electronic Signature of Signing Officer or Director

Date