

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30260

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** PARKWOOD HOMES THREE ASSOCIATION INC.

**Current Principal Place of Business:**

5200 NW 99TH AVE  
SUNRISE, FL 33351

**New Principal Place of Business:**

9980 NW 52ND STREET  
SUNRISE, FL 33351

**Current Mailing Address:**

P.O. BOX 26741  
TAMARAC, FL 33320 67

**New Mailing Address:**

**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  
Name: ROCHE, BILL  
Address: 9980 NW 52ND STREET  
City-St-Zip: SUNRISE, FL 33351

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ERIKA PUENTES

TD

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date