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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37025 (6)
 Corporation Name
PARKWOOD V HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3862 NW 59 STR COCONUT CREEK FL 33073 US	Mailing Address 3862 N.W. 59TH STREET COCONUT CREEK FL 33073-4108 US
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3. Date Incorporated or Qualified 03/07/1990	
4. FEI Number 65-0190852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
SIEBLER, JOHN D
3862 NW 59 STR
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIEBLER, JOHN	
STREET ADDRESS	3862 NW 59TH ST	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SIEBLER, JOHN	
STREET ADDRESS	3862 N.W. 59TH STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FAUVER, MICHAEL	
STREET ADDRESS	3740 NW 58TH ST	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TIGHE, PATRICK	
STREET ADDRESS	3780 NW 58TH ST	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAPPIELLO, MITCHELL	
STREET ADDRESS	3822 NW 59TH ST	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MADDOY, KEVIN	
STREET ADDRESS	3832 NW 59TH ST	
CITY-ST-ZIP	COCONUT CREEK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	DINGMAN, ALAN
4.4 CITY-ST-ZIP	3612 N.W. 59th ST COCONUT CREEK, FL 33073
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SD
6.3 STREET ADDRESS	GRAY, MONTE
6.4 CITY-ST-ZIP	5813 N.W. 40th AVE. COCONUT CREEK, FL 33073

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: *Alan Dingman 2-8-98* Daytime Phone # _____

CR2E037 (10/97)