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**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90062 031 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N37025

1. 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



2. Principal Place of Business 21 3612 NW 59th ST Suite, Apt. #, etc. 22	2a. Mailing Address 26 3612 N.W. 59th ST Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 03/07/1990
City & State 23 COCONUT CREEK FLORIDA	City & State 28 COCONUT CREEK FLORIDA	4. FEI Number 65-0190852 Applied For Not Applicable
Zip 24 33073	Country 25 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29 33073	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 DINGMAN, ALAN 82 Street Address (P.O. Box Number is Not Acceptable) 3612 - N.W. 59th ST 83 84 City COCONUT CREEK FL 85 Zip Code 33073
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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 *Alan R. Dingman* ALAN R DINGMAN - TREASURER, DIRECTOR 3/11/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEBLER, JOHN 3862 NW 59TH ST COCONUT CREEK FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAUVER, MICHAEL 3740 NW 58TH ST COCONUT CREEK FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DINGMAN, ALAN 3612 NW 59TH ST COCONUT CREEK FL 33073 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAPPIELLO, MITCHELL 3822 NW 59TH ST COCONUT CREEK FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAY, MONTE 5813 NW 40TH AVE COCONUT CREEK FL 33073 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Alan R. Dingman* ALAN DINGMAN 3/11/99 (954) 360-7508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)