m	0085352

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 15, 2001 8:00 at Secretary of State **DOCUMENT # N37025** 1. Entity Name 05-15-2001 90046 003 ****61.25 PARKWOOD V HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business P O BOX 970635 COCONUT CREEK FL 33073 P O BOX 970635 COCONUT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0190852 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Brian D'donnel Street Address (P.O. Box Number is Not Acce SMITH, KIM 3600 NW 58TH ST. COCONUT CREEK FL 33073 Zip Code 33073 oconut Creek 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 SIGNATURE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Added to Fees П Trust Fund Contribution. Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (10/00)Addition Delete TITLE Change TITLE SMITH, KIM NAME NAME 643 NW 5 3600 NW 58TH ST. STREET ADDRESS STREET ADDRESS COCONUT CREEK FL CITY-ST-ZIP CITY-ST-ZIP oconut (Change TITLE Delete TITLE GOLBITZ, NATALIE NAME NAME michael 3691 NW 58TH ST STREET ADDRESS STREET ADDRESS 3633 NU COCONUT CREEK FL 33073 CITY-ST-ZIP CITY-ST-7IP 33073 ☐ Addition VD Change TITLE ☐ Delete TITLE FROMMER, WALTER NAME NAME STREET ADDRESS 3892 NW 59TH ST. STREET ADDRESS CITY-ST-ZIP **COCONUT CREEK FL 33073** CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition PEREZ, JUAN NAME NAME 3910 NW 58TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE O'DONNELL, BRIAN NAME NAME STREET ADDRESS 3671 NW 58TH ST STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

4-30-01