

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

05-24-2002 90557 002 \*\*\*\*61.25

**DOCUMENT # N37025**

1. Entity Name

**PARKWOOD V HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P O BOX 970635  
 COCONUT CREEK FL 33073  
 US

P O BOX 970635  
 COCONUT CREEK FL 33073  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0190852**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**O'DONNELL, BRIAN**  
**3871 NW 58TH ST**  
**COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name **Kim Smith**

Street Address (P.O. Box Number is Not Acceptable)

**3600 NW 58th St**

**Coconut Creek**

**FL**

Zip Code

**33073**

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

*Brian O'Donnell* *Kim Smith* *Brian O'Donnell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-30-02**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	HANS, MICHAEL	3633 NW 59TH ST.	COCONUT CREEK FL 33073	<input type="checkbox"/>
SD	MURPHY, KEVIN	3643 NW 59TH ST.	COCONUT CREEK FL 33073	<input type="checkbox"/>
VD	FROMMER, WALTER	3892 NW 59TH ST.	COCONUT CREEK FL 33073	<input checked="" type="checkbox"/>
VD	PEREZ, JUAN	3910 NW 58TH ST	COCONUT CREEK FL	<input checked="" type="checkbox"/>
PD	O'DONNELL, BRIAN	3871 NW 58TH ST	COCONUT CREEK FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V.P.	D			<input checked="" type="checkbox"/>	<input type="checkbox"/>
V.P.	D			<input checked="" type="checkbox"/>	<input type="checkbox"/>
P.D	Jim Urbacek	3750 NW 59th St.	Coconut Creek, FL 33073	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S.D	Linda maddy	3832 NW 59th St	Coconut Creek, FL 33073	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T.D	Christine Samaha	3721 NW 58th St.	Coconut Creek, FL 33073	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/01)

12. 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 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 another fee empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-02**

DATE

**954-421-3933**

Daytime Phone #



Attachment

37965

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

May 30, 2002

**PARKWOOD V HOMEOWNERS ASSOCIATION, INC.**  
P O BOX 970635  
COCONUT CREEK, FL 33073 US

Subject: **PARKWOOD V HOMEOWNERS ASSOCIATION, INC.**

Reference Number: N37025

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/NS  
ANNUAL REPORTS SECTION