

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 31, 2008  
Secretary of State

DOCUMENT# N37025

Entity Name: PARKWOOD V HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3600 NW 58TH ST.  
COCONUT CREEK, FL 33073 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 970635  
COCONUT CREEK, FL 33073 US

**New Mailing Address:**

FEI Number: 65-0190852      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SMITH, KIM  
3600 NW 58TH STREET  
COCONUT CREEK, FL 33073 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 ( ) Delete  
Name: PEREZ, ROSS  
Address: 3653 NW 59TH ST.  
City-St-Zip: COCONUT CREEK, FL 33073

Title: TD ( ) Delete  
Name: BRANDING, CHRIS  
Address: 3633 NW 59TH ST.  
City-St-Zip: COCONUT CREEK, FL 33073

Title: SD ( ) Delete  
Name: PLUMB, DIANNE  
Address: 3710 NW 58TH ST.  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VPD ( ) Delete  
Name: AGUILAR, LAURA  
Address: 3910 NW 58TH ST.  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VPD ( ) Delete  
Name: GOATLEY, JIM  
Address: 3893 NW 59TH ST.  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KIM SMITH

AGNT

05/31/2008

Electronic Signature of Signing Officer or Director

Date