

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N37025

FILED  
May 01, 2003  
Secretary of State

Entity Name: PARKWOOD V HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P O BOX 970635  
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 ( )

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

SMITH, KIM  
3600 NW 58TH STREET  
COCONUT CREEK, FL 33073

**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: VD ( ) Delete  
Name: HANS, MICHAEL  
Address: 3633 NW 59TH ST.  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD ( ) Delete  
Name: MURPHY, KEVIN  
Address: 3643 NW 59TH ST.  
City-St-Zip: COCONUT CREEK, FL 33073

Title: PD ( ) Delete  
Name: HRABACEK, JIM  
Address: 3750 NW 58TH STREET  
City-St-Zip: COCONUT CREEK, FL 33073

Title: SD ( ) Delete  
Name: MADDY, LINDA  
Address: 3823 NW 59TH STREET  
City-St-Zip: COCONUT CREEK, FL 33073

Title: TD ( ) Delete  
Name: SAMAHA, CHRISTINE  
Address: 3721 NW 58TH STREET  
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 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 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: CHRISTINE SAMAHA

TD

05/01/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date