FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43594 (3)

1. Corporation Name
PARKWOOD VI ASSOCIATION INC.

Principal Place of Business	Mailing Address
6574 N. STATE RD 7 SUITE 354 COCONUT CREEK FL 33073 US	6574 N. STATE RD 7 SUITE 354 COCONUT CREEK FL 33073 US

DO NOT WRITE IN THIS SPACE

9. Date Incorporated or Qualified: 05/28/1991
3a. Date of Last Report: 09/27/1994
4. FEI Number: 65-0277623 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

AIKENS, ROBERT
4233 N.W. 66TH DRIVE
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P	☒ Change ☐ Addition
NAME	DORENCI, PAUL	1.2 NAME	FRANK BESECCO	
STREET ADDRESS	6574 NORTH STATE ROAD 7	1.3 STREET ADDRESS	6632 N.W. 42 AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	1.4 CITY-ST-ZIP	COCONUT CREEK, FL. 33073	
TITLE	DS	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	MANUSKY, DIANE	2.2 NAME	ARMANDO CASTANEDA	
STREET ADDRESS	6655 NW 42 TERRACE	2.3 STREET ADDRESS	4273 N.W. 66TH DRIVE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	2.4 CITY-ST-ZIP	COCONUT CREEK FL. 33073	
TITLE	DVP	3.1 TITLE		☐ Change ☐ Addition
NAME	CIAFFONE, CATHY	3.2 NAME		
STREET ADDRESS	6631 NW 41ST TERRACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33073	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE		☐ Change ☐ Addition
NAME	AIKENS, ROBERT	4.2 NAME		
STREET ADDRESS	4233 N.W. 66 DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33073	4.4 CITY-ST-ZIP		
TITLE	DP	5.1 TITLE	DP	☒ Change ☐ Addition
NAME	POLICARPIO, PAUL	5.2 NAME	EUGENE D'AVANZO	
STREET ADDRESS	6664 NW 42 TERRACE	5.3 STREET ADDRESS	4213 N.W. 66 DRIVE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	5.4 CITY-ST-ZIP	COCONUT CREEK, FL. 33073	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: ROBERT AIKENS Robert Aikens — April 18, 1995 — (305) 427-2567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #