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

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name

N93000002469 (5)

PARKWOOD IX HOMEOWNERS ASSOCIATION INC.

FILED
Jun 11 1998 8:00am
Secretary of State

Principal Place of	Mailing Addre	ss							
P.O. BOX 970503 COCONUT CREEK FL 33097		P.O. BOX 970503 COCONUT CREEK FL 33097			3. Date Incorporated or Qualified 06/01/1993				
						4. FEI Number 65-0457833	-	Applied For Not Applicable	
2. Principal Place	of Business	2a. Mailing Ad	├ <b>¬</b>			5. Certificate of Status Desired See Required Fee Required			
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State		City & State	City & State			7. Is this nonprofit corporation a homeowners association?			
Zip 24	Country 25	Zip <b>29</b>	30	untry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered A	gent		
				81	Name				
TIGHE, ESQ., TOM 800 E. BROWARD GLVD. SUITE 505				82	2 Street Address (P.O. Box Number is Not Acceptable)				
				83					
FT. LAUD. FL 33301				84	City	FL	85	Zip Code	
office or regis	e provisions of Sections 617 dered agent, or both, in the S imiliar with, and accept the c	State of Florida. Such cha	ange was authorize	d by	the corporal	poration submits this statement for the purpose of c tion's board of directors. I hereby accept the appo	chang intmer	ing its registered nt as registered	

agent. Lam tamiliar with, and accept the obligations of, Socion 617,0503, Florida Statutes.												
SIGNATURE Signature, typed or printed name of registured agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12						
TITLE	5	X DELETE	1.1 TITLE	D-FRES.	Change	☐ Addition						
NAME	BOYD, WILLIAM J		1.2 NAME	ABBOY FOEE OMAN								
STREET ADDRESS	<b>59</b> 49 N.W. 74TH ST		1.3 STREET ADORESS	587 45 NO COURT								
CITY-ST-ZIP	PARKLAND FL		1.4 CITY - ST - ZIP	PAPKLAND, FL 33067								
TITLE	D, sec. 8	DELETE	2.1 TITLE	7) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ Change	X Addition						
NAME	GARRA, DIANE		2.2 NAME	CLIPE ESPIPITU STREGT								
STREET ADDRESS	<b>59</b> 07 N.W. 73RD CT		2.3 STREET ADDRESS	5984-2945	a							
CITY-ST-ZIP	PARKLAND FL		2. 4 CITY - ST - ZIP	PARKLANDIFL 3306								
TITLE	D	DELETE	3.1 TITLE	D	Change	Addition						
NAME	HERRERA, DION		3.2 NAME	RICHARD MEEHAN 5892 NW 73PD	3 <i>4</i>							
STREET ADDRESS	<b>59</b> 39 N.W. 74TH ST		3.3 STREET ADDRESS	2865 NM 1363 C	<b>∠</b> T							
CITY-ST-ZIP	PARKLAND FL		3.4. CITY+ST+ZIP	PADKLAND, FL 3305°	7							
TITLE	D	DELETE	4.1 TITLE	0	☐ Change	Addition						
NAME	PACE, THOMAS		4. 2 NAME	ROBERT EHINGOFF	wat.							
STREET ADDRESS	<b>59</b> 34 N.W. 74TH ST		4.3 STREET ADDRESS	38.1.7 NW 13 = 0	4							
CITY-ST-ZIP	PARKLAND FL		4.4 CITY - ST - ZIP	PARVLAND, FL 33057 D Treasurge	/							
TITLE	0	DELETE	5.1 TITLE	D Treasure	Change	Addition						
NAME	VAN ASSCHE, KAREN		5.2 NAME	MARVIN DANIELS 6057 NW 73 PD COURT	•							
STREET ADDRESS	<b>58</b> 64 N.W. 74TH ST		5 3 STREET ADDRESS									
CITY-ST-ZIP	<u>Parkland</u> fl		5.4 CITY-ST-ZIP	PAPELAND, FL 33067								
TITLE	(Ass)	DUFFE	61 TITLE	P	☐ Change	Addition Addition						
NAME		- (معال)	62 NAME	Sq12 NW 73 CH	_							
STREET ADDRESS			63 STREET ADDRESS	3 912 NW 13 = CT	•							
CITY-ST-ZIP			6 4 CITY-ST-ZIP	PROYLAND, FL 33067								

14. 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 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.

1/0/00 001-245 0210

2E037 (10/97)