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Apr 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000002469					
1. Corporation Name PARKWOOD IX HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business P.O. BOX 970503 COCONUT CREEK FL 33097			Mailing Address P.O. BOX 970503 COCONUT CREEK FL 33097		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date incorporated or Qualified 06/01/1993	
				4. FEI Number 65-0457833	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent TIGHE, ESQ., TOM 800 E. BROWARD GLVD. SUITE 505 FT. LAUD. FL 33301			10. Name and Address of New Registered Agent 81 Name SCHNEID, DAVID, Esquire. 82 Street Address (P.O. Box Number is Not Acceptable) 699 South Federal Highway 83 84 City Hollywood FL 85 Zip Code 33020		

11. Pursuant to the provisions of Sections 617.0501 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	F/D ☐ Change ☒ Addition
NAME	FREEDMAN, ABBEY	1.2 NAME	STERNBERG, ADAM
STREET ADDRESS	5875 NW 72ND COURT	1.3 STREET ADDRESS	7312 NW 58 WAY
CITY-ST-ZIP	PARKLAND FL 33067	1.4 CITY-ST-ZIP	PARKLAND FL 33067
TITLE	SD ☒ DELETE	2.1 TITLE	V/D ☐ Change ☒ Addition
NAME	GARRA, DIANE	2.2 NAME	ARNELL, SANDY
STREET ADDRESS	5907 N.W. 73RD CT	2.3 STREET ADDRESS	6050 NW 72 CT
CITY-ST-ZIP	PARKLAND FL	2.4 CITY-ST-ZIP	PARKLAND FL 33067
TITLE	DV ☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	SPIRITU, CLIFF	3.2 NAME	ESPIRITU, CLIFF
STREET ADDRESS	5984 NW 74TH STREET	3.3 STREET ADDRESS	5984 NW 74TH STREET
CITY-ST-ZIP	PARKLAND FL 33067	3.4 CITY-ST-ZIP	PARKLAND FL 33067
TITLE	D ☒ DELETE	4.1 TITLE	S/D ☐ Change ☒ Addition
NAME	MEEHAN, RICHARD	4.2 NAME	GOLDBERG, ARTHUR
STREET ADDRESS	5892 NW 73RD CT	4.3 STREET ADDRESS	5912 NW 73 CT
CITY-ST-ZIP	PARKLAND FL 33057	4.4 CITY-ST-ZIP	PARKLAND FL 33067
TITLE	D ☐ DELETE	5.1 TITLE	T/D ☒ Change ☐ Addition
NAME	EHINGOFF, ROBERT	5.2 NAME	EHINGOFF, ROBERT
STREET ADDRESS	5877 NW 73RD CT	5.3 STREET ADDRESS	5877 NW 73 CT
CITY-ST-ZIP	PARKLAND FL 33057	5.4 CITY-ST-ZIP	PARKLAND FL 33067
TITLE	DT ☐ DELETE	6.1 TITLE	D ☒ Change ☐ Addition
NAME	DANIELS, MARVIN	6.2 NAME	DANIELS, MARVIN
STREET ADDRESS	6057 NW 73RD CT	6.3 STREET ADDRESS	6057 NW 73 CT
CITY-ST-ZIP	PARKLAND FL 33067	6.4 CITY-ST-ZIP	PARKLAND 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

ADAM STERNBERG

4/15/99

(561) 443-6292

CR2E037 (11/98)