

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002469

1. Entity 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 33097-0503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0457833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHNEID, DAVID ESQUIRE  
699 SOUTH FEDERAL HIGHWAY  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

DAVID J. SCHNEID, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)

One EAST Broward Blvd., Suite 1001

City

FT. LAUDERDALE

FL

Zip Code

33301

8. 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

*David J. Schneid*  
Signature, typed or printed name of registered agent and title if applicable

ESQUIRE. DAVID J. SCHNEID, ESQUIRE

3/14/00

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS:

|                                                |                                                                   |                                 |
|------------------------------------------------|-------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVD<br>STERNBERG, ADAM<br>7312 NW 58 WAY<br>PARKLAND FL 33067     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>ARNELL, SANDY<br>6050 NW 72 CT<br>PARKLAND FL 33067         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>ESPIRITU, CLIFF<br>5984 NW 74TH STREET<br>PARKLAND FL 33067 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>GOLDBERG, ARTHUR<br>5912 NW 73 CT<br>PARKLAND FL 33067      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>EHINGOFF, ROBERT<br>5877 NW 73RD CT<br>PARKLAND FL 33057    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DANIELS, MARVIN<br>6057 NW 73RD CT<br>PARKLAND FL 33067      | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

Etingoff, Robert

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert Etingoff*  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

954 428 8919 XT 213

Daytime Phone #

CR2E037 (9/99)