FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 15, 2002 8:00 am Secretary of State DOCUMENT # **N93000002469** PARKWOOD IX HOMEOWNERS ASSOCIATION INC. 04-15-2002 90072 036 ****61.25 Principal Place of Business Mailing Address P.O. BOX 970503 P.O. BOX 970503 COCONUT CREEK FL 33097 COCONUT CREEK FL 33097 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0457833 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) SCHNEID. DAVID ESQUIRE ONE EAST BROWARD BLVD STE 1001 FORT LAUDERDALE FL 33301 Zip Code 33433 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PVD TITLE Defete ☐ Addition NAME STERNBERG, ADAM NAME STREET ADDRESS STREET ADDRESS 7312 NW 58 WAY CITY-ST-ZIP PARKLAND FL 33067 CITY-ST-ZIP **VPD** Addition TITLE 🔯 Delete TITLE NAME ARNELL, SANDY NAME Steve Karney 7322 NW 58 Way Partitlend FL 33067 STREET ADDRESS 6050 NW 72 CT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PARKLAND FL 33067 🗶 Delete TITLE TITLE ☐ Change Addition ESPIRITU, CLIFF NAME NAME marge Boyd 5949 Nw 74 St STREET ADDRESS STREET ADDRESS 5984 NW 74TH STREET CITY-ST-ZIP CITY-ST-7IP PARKLAND FL 33067 SD TITLE Delete TITLE Change Addition GOLDBERG, ARTHUR NAME NAME STREET ADDRESS 5912 NW 73 CT STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Partchard FL 33067 PARKLAND FL 33067 TITLE ☐ Delete TITLE ☐ Change ■ Addition ETINGOFF, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 5877 NW 73RD CT CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33057 TITLE ☐ Delete TITLE ☐ Change Addition DANIELS, MARVIN NAME NAME STREET ADDRESS 6057 NW 73RD CT STREET ADDRESS PARKLAND FL 33067 CITY-ST-ZIP

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 emptiwered 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 add

SIGNATURE

(561) 191-3148

(9/01)