

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90009 044 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                                            |                                                                                   |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N93000002469</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                                                            |                                                                                   |  |  |
| <b>1. Entity Name</b><br>PARKWOOD IX HOMEOWNERS ASSOCIATION INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                                                            |                                                                                   |                                                                                   |  |
| <b>Principal Place of Business</b><br>6901 S W 18TH ST E105<br>BOCA RATON, FL 33433                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                                            | <b>Mailing Address</b><br>PO BOX 970503<br>COCONUT CREEK, FL 33097                |                                                                                   |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  | <b>3. Mailing Address</b>                                                                  |                                                                                   |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | Suite, Apt. #, etc.                                                                        |                                                                                   |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  | City & State                                                                               |                                                                                   |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Country                                                          | Zip                                                                                        | Country                                                                           | <b>4. FEI Number</b><br>65-0457833                                                |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                                                            |                                                                                   | <b>\$8.75 Additional Fee Required</b>                                             |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                                                                            | <b>7. Name and Address of New Registered Agent</b>                                |                                                                                   |  |
| SCHNEID, DAVID J ESQ<br>6901 S W 18TH ST E105<br>BOCA RATON, FL 33433                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  |                                                                                            | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                   |  |
| <b>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. I am familiar with, and accept the obligations of registered agent.</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                                                                            |                                                                                   |                                                                                   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                                                                            |                                                                                   |                                                                                   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                   | <b>\$5.00 May Be Added to Fees</b>                                                |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                               |                                                                                   |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PD<br>ETINGOFF, ROBERT<br>5877 NW 73 CT<br>PARKLAND, FL 33067    | <input type="checkbox"/> Delete                                                            |                                                                                   |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VD<br>SPITALIERI, JOHN<br>5994 N W 74TH ST<br>PARKLAND, FL 33067 | <input type="checkbox"/> Delete                                                            |                                                                                   |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D<br>ESPIRITU, CLIFF<br>5984 N W 74TH ST<br>PARKLAND, FL 33067   | <input type="checkbox"/> Delete                                                            |                                                                                   |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SD<br>GOLDBERG, ART<br>5912 N W 73 CT<br>PARKLAND, FL 33067      | <input type="checkbox"/> Delete                                                            |                                                                                   |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TD<br>DANIELS, MARVIN<br>6057 NW 73RD CT<br>PARKLAND, FL 33067   | <input checked="" type="checkbox"/> Delete                                                 |                                                                                   |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D<br>BOYD, MARGE<br>5949 NW 74TH ST<br>PARKLAND, FL 33067        | <input type="checkbox"/> Delete                                                            |                                                                                   |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VD<br>Spitalieri, John<br>Same                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |                                                                                   |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VD<br>Lopresti, Angelo<br>5964 NW 74 ST<br>Parkland, FL 33067    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |                                                                                   |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D<br>Walsh, Claire<br>5960 NW 72 CT<br>Parkland, FL 33067        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |                                                                                   |                                                                                   |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b> |                                                                  |                                                                                            |                                                                                   |                                                                                   |  |
| <b>SIGNATURE:</b> <i>Robert Etingoff President</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                                                            |                                                                                   |                                                                                   |  |
| _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                                                                            |                                                                                   |                                                                                   |  |
| Date: <i>2/26/06</i> Daytime Phone #: <i>(954) 344-1889</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |                                                                                            |                                                                                   |                                                                                   |  |