2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N93000002469

Entity Name: PARKWOOD IX HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

6901 S W 18TH ST E105
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

PO BOX 970503
COCONUT CREEK, FL 33097

New Mailing Address:

FEI Number: 65-0457833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEID, DAVID J ESQ
6901 S W 18TH ST E105
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	ETINGOFF, ROBERT	
Address:	5877 NW 73 CT	
City-St-Zip:	PARKLAND, FL 33067	
Title:	D	( ) Delete
Name:	SPITALIERI, JOHN	
Address:	5994 N W 74TH ST	
City-St-Zip:	PARKLAND, FL 33067	
Title:	D	( ) Delete
Name:	WALSH, CLARA	
Address:	5960 NW 72ND CT.	
City-St-Zip:	PARKLAND, FL 33067	
Title:	SD	( ) Delete
Name:	GOLDBERG, ART	
Address:	5912 N W 73 CT	
City-St-Zip:	PARKLAND, FL 33067	
Title:	VD	( ) Delete
Name:	LOPRESTI, ANGELO	
Address:	5964 NW 74 ST	
City-St-Zip:	PARKLAND, FL 33067	
Title:	T	( ) Delete
Name:	BOYD, MARGE	
Address:	5949 NW 74TH ST	
City-St-Zip:	PARKLAND, FL 33067	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE H. BOYD T 04/05/2009

Electronic Signature of Signing Officer or Director — Date