

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001511

FILED
Apr 11, 2008
Secretary of State

Entity Name: PARKLAND TERRACES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1599 NW 9TH AVE.
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1599 NW 9TH AVE.
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-0695365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOC., PA.
6261 NW 6TH WAY
SUITE 103
FORT LAUDERDALE, FL 33309 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: T () Delete
Name: SHERMAN, JONATHAN
Address: 7256 NW 61 TERRACE
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: MONAS, ADRIENNE
Address: 6225 N.W 74 COURT
City-St-Zip: PARKLAND, FL 33067

Title: V () Delete
Name: HOFFMAN, KATHRYN
Address: 6200 NW 74 COURT
City-St-Zip: PARKLAND, FL 33067

Title: P () Delete
Name: ALFORD, SONNY
Address: 6157 NW 74 CT.
City-St-Zip: PARKLAND, FL 33067

Title: S () Delete
Name: CORIN, ADAM
Address: 7300 NW 61 TERR.
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:

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: SONNY ALFORD

P

04/11/2008

Electronic Signature of Signing Officer or Director

Date