

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90015 037 \*\*\*\*61.25

<b>DOCUMENT # N9600000061</b>					
1. Entity Name PARK CROSSING HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O CONTINENTAL GROUP LTD 2950 NORTH 28TH TERRACE HOLLYWOOD, FL 33020 US			Mailing Address C/O CONTINENTAL GROUP LTD 2950 NORTH 28TH TERRACE HOLLYWOOD, FL 33020 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02102008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0717358	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROUGH, CHADROW & LEVINE, P.A. 1900 N. COMMERCE PKWY. WESTON, FL 33326			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FEINBERG, MARTHA	NAME			
STREET ADDRESS	2950 N 28 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP			
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TORRES, ENRIQUE	NAME			
STREET ADDRESS	2950 N 28 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ, MARTHA	NAME	<del>FERNANDEZ, MARTHA</del>		
STREET ADDRESS	2950 N 28 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LOPEZ, YOEL	NAME	LOPEZ, YOEL		
STREET ADDRESS	2950 N 28 TERR	STREET ADDRESS			
CITY-ST-ZIP	Hollywood, FL 33020	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
SIGNATURE: <u>White Lerby Secy 2/26/08</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					