

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90069 031 \*\*\*\*61.25

**DOCUMENT # N97000002479**

1. Entity Name  
**PARKLAND PLACE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
P.O. BOX 970368  
COCONUT CREEK, FL 33097-0368

Mailing Address  
P.O. BOX 970368  
COCONUT CREEK, FL 33097-0368

40107541



2. Principal Place of Business - No P.O. Box #  
**10 Integrity Prop. Mgt.**

3. Mailing Address  
**953 University Dr**

Suite, Apt. #, etc.

04052007 Chg-NP CR2E037 (12/06)

City & State  
**Coral Springs FL**

Zip  
**33071**

Country  
**U.S.A**

4. FEI Number  
**65-0876579**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RANDALL K. ROGER ASSOCIATES, PA**  
**621 NW 53 ST STE 300**  
**BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name  
**Integrity Property Mgt - John Whittle**

Street Address (P.O. Box Number is Not Acceptable)  
**953 University Dr**

City  
**Coral Springs**

FL

Zip Code  
**33071**

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 **John C. Whittle, Agent**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **4/10/07**

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD GLASSHOFER, ERIC 7853 NW 61 TERRACE PARKLAND, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FREEDLAND, DAVID 6144 NW 78TH CT RIVER RANCH, FL 33867 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VICTOR, TINA 6169 NW 78 MANOR PARKLAND, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **[Signature]**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/30/07** Daytime Phone **854 346 0677**