## **-2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Jun 08, 2004 8:00 am Secretary of State

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DOCUMENT # N9900003621  1. Entity Natrie PARKWOOD AT COLONY WEST OWNERS' ASSOCIATION, INC.						04 90211 0		*61.25
10034 W MCNAB RD 100		Mailing Address 10034 W MCNAB RD TAMARAC, FL 33321	10034 W MCNAB RD		66427210			
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2. Principal Place of Business		3. Malling Address			131U LODU LAUS LI	KÍN ETAM ETHET INTE J	BUR HERLUKE	HET OF FROM
Suite, Apt. #, etc.		Suite, Apt. *, etc.		03172004 C	hg-NP	CR2E037 (	10/03)	
City & State		City & State		4. FEI Number 65-099165	<u></u>			plied For Applicable
Zip	Country	Zip	Country	5. Certificate of S			.75 Addi	itional
6. Name and Address of Current Registered Agent				7. Name and Add	ireas of New	Registered Age	nt	
MILES, JAMES R			Name					
10034 W MCNAB RD TAMARAC, FL 33321			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
IMMINI	J, CL   33321							
	÷ •		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								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature n	equired when reinstating)		DATE		
SIGNATURE		······			p - ' - '	<del></del>		
SIGNATURE	Signature, typind or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be		DATE Måke check porida Departme		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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: