

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

DOCUMENT # N99000003621

1. Entity Name

PARKWOOD AT COLONY WEST OWNERS' ASSOCIATION, INC.



Principal Place of Business

**10034 W MCNAB RD
TAMARAC FL 33321**

Mailing Address

**10034 W MCNAB RD
TAMARAC FL 33321**



1st MOORE

CR2E037 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0991657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILES, JAMES R
10034 W MCNAB RD
TAMARAC FL 33321**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE **D** ☒ Delete
NAME **RODRIGUEZ, JENNIFER**
STREET ADDRESS **10034 W MCNAB RD.**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☒ Delete
NAME **JUNG, THOMAS**
STREET ADDRESS **10034 W MCNAB RD**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **TD** ☒ Delete
NAME **GAY, TOM**
STREET ADDRESS **10034 W MCNAB RD**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **PD** ☒ Delete
NAME **DOUGHTY, JAMES**
STREET ADDRESS **10034 W MCNAB ROAD**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **Pres** ☐ Delete
NAME **D.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Iguina Michael**
STREET ADDRESS **10034 W McNab Rd**
CITY-ST-ZIP **Tamarac, FL. 33321**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
NAME **De-Gouveia Glen**
STREET ADDRESS **10034 W McNab Rd**
CITY-ST-ZIP **Tamarac, FL. 33321**

TITLE **SD** ☐ Change ☒ Addition
NAME **Smart Robert**
STREET ADDRESS **10034 W McNab Rd**
CITY-ST-ZIP **Tamarac, FL. 33321**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/06

954-578-8965