
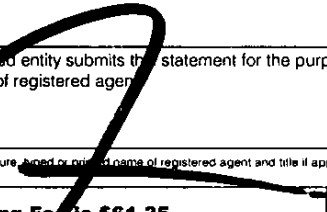
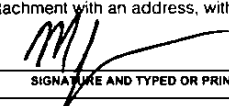


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90012 013 ****61.25

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								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.									
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0991657							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> 6. Name and Address of Current Registered Agent MILES, JAMES R 10034 W MCNAB RD TAMARAC, FL 33321 </td> <td colspan="3" style="padding: 5px;"> 7. Name and Address of New Registered Agent Name Katzman, Koor PA Street Address (P.O. Box Number is Not Acceptable) 1501 NW 49 ST Suite 202 City F.T. Lauderdale, FL Zip Code 33309 </td> </tr> </table>						6. Name and Address of Current Registered Agent MILES, JAMES R 10034 W MCNAB RD TAMARAC, FL 33321			7. Name and Address of New Registered Agent Name Katzman, Koor PA Street Address (P.O. Box Number is Not Acceptable) 1501 NW 49 ST Suite 202 City F.T. Lauderdale, FL Zip Code 33309		
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8. The above named entity submits the 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  Ferren L. Koor, Esq. DATE 2/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>											
Filing Fee is \$61.25 Due by May 1, 2007		9. 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 NAME STREET ADDRESS CITY-ST-ZIP	D IGUINA, MICHAEL 10034 W MCNAB RD. TAMARAC, FL 33321 <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	PD DE GOUVEIA, 10034 W MCNAB RD TAMARAC, FL 33321 <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	SD SAMRT, ROBERT 10034 W MCNAB RD TAMARAC, FL 33321 <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:  2/27/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>											