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

SIGNATURE:

## FILED Mar 10, 2008 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # N9900003621  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	Fee Required  I New Registered Agent  ceptable)  FL Zip Code	ole
10034 W MCNAB RD TAMARAC, FL 33321  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apt. #, etc. 01032008 Chg-NF  City & State City & State 4. FEI Number 65-0991657  Zip Country Zip Country 5. Certificate of Status D  6. Name and Address of Current Registered Agent 7. Name and Address of Street Address (P.O. Box Number is Not Act 1501 NW 49 ST.  SUITE 202  FORT LAUDERDALE, FL 33309  City  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the St the obligations of registered agent.  SIGNATURE  Signature, typed or princed name of registered agent and liftle if upplicable. (NOTE: Registered Agent sonature required when rendstring)  Filling Fee is \$61.25  Due by May 1, 2008  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO 111 E SIGNATURE  SIREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321  TAMARAC, FL 33321  Delete 111 E SC NAME  PD DE GOUVEIA, MICHAEL 10034 W MCNAB RD. TAMARAC, FL 33321  TITLE PD DE GOUVEIA, S-Le JJ Delete 111 E NAME	CR2E037 (12/06)  Applied For Not Applicate seried \$8.75 Additional Fee Required  New Registered Agent  FL Zip Code	ole
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Street Address of Current Registered Agent  KATZMAN & KOOR PA 1501 NW 49 ST.  SUITE 202  FORT LAUDERDALE, FL 33309  City  Street Address (P.O. Box Number is Not Act the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  Filling Fee is \$61.25  Due by May 1, 2008  Policity  Signature, typed or printed name of registered agent and title if applicable.  Involve Fund Contribution.  Added to Fees  Trust Fund Contribution.  Signature, typed or printed name of registered agent and title if applicable.  Involve Fund Contribution.  The Country  Signature agent agent and title if applicable.  Involve Fund Contribution.  The Country  Trust Fund Contribution.  The Country  The Country  The Make Street Address (P.O. Box Number is Not Act agent a	CR2E037 (12/06)  Applied For Not Applicate seried \$8.75 Additional Fee Required  New Registered Agent  FL Zip Code	ble
City & State  City & State  City & State  City & State  4. FEI Number 65-0991657  Zip  Country  Zip  Country  5. Certificate of Status D  6. Name and Address of Current Registered Agent  7. Name and Address of Name  Name  KATZMAN & KOOR PA 1501 NW 49 ST.  Street Address (P.O. Box Number is Not Act 1501 NW 49 ST.  SUITE 202  FORT LAUDERDALE, FL 33309  City  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the St the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title of applicable.  Filling Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO  TITLE  IGUINA, MICHAEL  IGUINA, MICHAEL  IO034 W MONAB RD.  TAMARAC, FL 33321  TITLE  PD  Delete  ITILE  NAME  DE GOUVEIA, S-Le. J  Delete  TITLE  NAME  DE GOUVEIA, S-Le. J  Delete  TITLE  NAME  DE GOUVEIA, S-Le. J  Delete  TITLE  NAME  DE GOUVEIA, S-Le. J  Delete  TITLE  NAME  DE GOUVEIA, S-Le. J  Delete  TITLE  NAME  Delete  TITLE  NAME	Applied For Not Applicate \$8.75 Additional Fee Required  New Registered Agent  FL Zip Code	ble
Election Campaign Financing Signature. Nypad or printed name of registered agent and title if applicable.  Filling Fee is \$61.25  Due by May 1, 2008  Title  D  GETURN  Title  D  DE GOUVEIA, GLE, 33321  Title  NAME  Country  Title  PD  Country  Title  PD  Country  Signature  Title  DE GOUVEIA, GLE, 33321  Title  NAME  Country  To Country  Signature  To Country  Signature required when renstating  To Country  Street Address (P.O. Box Number is Not Active Address (P.O. Box Number is N	Not Applicate   St.75   Additional   Fee Required   Additional   Fee Required   St.75   Additional   Fee Required   Additional   Fee Required   Additional   Additional	ble
6. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title it upplicable.  Filling Fee is \$61.25  Due by May 1, 2008  Portices And Directors  11. Address (P.O. Box Number is Not Acceptable)  INOTE: Registered Agent signature required when reinstating  Filling Fee is \$61.25  Due by May 1, 2008  11. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO THE STREET ADDRESS  INOTE: Registered Agent signature required when reinstating  Filling Fee is \$61.25  Due by May 1, 2008  11. ADDITIONS/CHANGES TO THE STREET ADDRESS  ITTLE SC STREET ADDRESS  CITY-ST-ZIP  TAMARAC, FL 33321  TITLE  PD  Delete  TITLE  NAME  DE GOUVEIA, GLE J  Delete  TITLE  NAME  DE GOUVEIA, GLE J  TOTAL TITLE  NAME  DE GOUVEIA, GLE J  TOTAL TITLE  NAME  TITLE  NAME	Fee Required  Fee Required  Fee Required  Fee Required  Zip Code	
KATZMAN & KOOR PA  1501 NW 49 ST.  SUITE 202 FORT LAUDERDALE, FL 33309  City  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the St the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  [NOTE: Registered Agent signature requires when reinstating]  Filling Fee is \$61.25 Due by May 1, 2008  10. OFFICERS AND DIRECTORS  TITLE  INDIE: Signature, typed or printed name of registered agent and title if applicable.  INDIE: Registered Agent signature requires when reinstating)  \$5.00 May Be Added to Fees  TITLE  INDIE: Signature, typed or printed name of registered agent and title if applicable.  INDIE: Registered Agent signature requires when reinstating)  \$5.00 May Be Added to Fees  INDIE: Signature, typed or printed name of registered agent and title if applicable.  INDIE: Registered Agent signature requires when reinstating)  \$5.00 May Be Added to Fees  INDIE: Signature, typed or printed name of registered agent and title if applicable.  INDIE: Registered Agent signature requires when reinstating)  \$5.00 May Be Added to Fees  INDIE: Signature, typed or printed name of registered agent and title if applicable.  INDIE: Registered Agent signature requires when reinstating)  \$5.00 May Be Added to Fees  INDIE: Registered Agent signature requires when reinstating)  Trust Fund Contribution.  ADDITIONS/CHANGES TO TRUE AGENT AGE	reptable)	
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Filing Fee is \$61.25 Due by May 1, 2008  10. OFFICERS AND DIRECTORS  ITILE DIAME IGUINA, MICHAEL SIMELI ADDRESS CITY-ST-ZIP TAMARAC, FL 33321  ITILE NAME DE GOUVEIA, DE GOUVEIA, DE GOUVEIA, DE GOUVEIA, DE GOUVEIA, DE INOTE Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.  11. ADDITIONS/CHANGES TO TRUST Fund Contribution.  12. ADDITIONS/CHANGES TO TRUST FUND GOUVEIA AME TITLE STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321  Delete TITLE NAME  PD Delete TITLE NAME DE GOUVEIA, DE GOUVE		pt
TITLE D Delete TITLE SEC GAMBINO TO STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 DELETE TITLE PD DE GOUVEIA, GLEN DELETE DELETE NAME	Make check payable to	_
CITY-ST-ZIP TAMARAC, FL 33321	- NN/FCA Change DAGGIII NAB NU	
TITLE SAMRT, ROBERT Delete NAME STREET ADDRESS 10034 W MCNAB RD STREET ADDRESS CITY-ST-ZIP  TITLE Delete NAME STREET ADDRESS TAMARAC, FL 33321  TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	Change Additi	_
CITY-S1-ZIP	☐ Change ☐ Additi	ion
INTLE  NAME  STREET ADDRESS  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 Stain dicated on this report or supplemental report is tree and accurate and that my signature shall have the same legal effect as if mad of the corporation or the receiver or the steel empowered to execute this report as required by Chapter 617, Florida Statutes; and that changed, or on an attachment with all address, with all other like empowered.	<u> </u>	ion