

07/12/2005 15:52 FAX

ROBERT S FORMAN PA

→ HLT OFFICE

002/003

APPROVED
AND
FILED**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

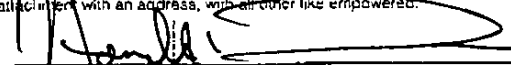
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel AUG 02 2005



07122005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000078115					
1. Entity Name PARKLAND DEVELOPMENT MANAGEMENT CORP.					
Principal Place of Business 1515 S. FEDERAL HIGHWAY SUITE 102 BOCA RATON, FL 33432			Mailing Address 1515 S. FEDERAL HIGHWAY SUITE 102 BOCA RATON, FL 33432		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1032270	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FORMAN, ROBERT S ESQ. 2104 WEST COMMERCIAL BOULEVARD SUITE 2800 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent 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 date is acceptable. (NOTE: Registered Agent signature required when reappointing) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMLINSON, HAROLD L 1515 S. FEDERAL HIGHWAY, # 102 BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Joseph Papasso 1515 S. Federal Highway, #102 Boca Raton, FL 33432	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900058540149 08/12/05--01067--019 **61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 607, 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: 			7/11/05 561-393-7436		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Harold L. Tomlinson, President/Director			Date Daytime Phone #		