

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734628

**Entity Name:** PARKWOOD CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 19, 2020**  
**Secretary of State**  
**5324497465CC**

**Current Principal Place of Business:**

1500 NW 89 COURT  
SUITE 202  
DORAL, FL 33172

**Current Mailing Address:**

1500 NW 89 COURT  
SUITE 202  
DORAL, FL 33172 US

**FEI Number: 59-1465545**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DENNIS EISINGER, P.A.  
4000 HOLLYWOOD BLVD  
STE 265S  
HOLLYWOOD, FL 33021 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/D  
Name MADIEDO, ILIANA  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title D  
Name FERRER, MAURICIO  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title S/D  
Name RODRIGUEZ, ROBERTO  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title VP/D  
Name HERNANDEZ, LEONARDO  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name RODRIGUEZ, FRANK  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name BENITEZ, JORGE  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ILIANA MADIEDO**

**PRESIDENT**

**01/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date