

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **746190 (8)**  
1. Corporation Name  
**THE PARKSIDE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**2830 NE 20TH AVE LIGHHOUSE POINT FL 33064** **2830 NE 20TH AVE LIGHHOUSE POINT FL 33064**

3. Date Incorporated or Qualified **03/09/1979** 3a. Date of Last Report **06/06/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **842 SE 19TH AVE** 26 **1820 SE 6TH ST**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **#3** 27 **1**

4. FEI Number **59-1992122** Applied For  
Not Applicable

23 **DEERFIELD BEACH FL** 28 **DEERFIELD BCH FL**  
City & State City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 **33441** 25 **USA** 29 **33441** 30 **USA**  
Zip Country Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SNODGRASS, CHRISTINE**  
**2830 NE 20TH AVE**  
**LIGHHOUSE POINT FL 33064**

81 Name **HENRY GOULD**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1820 SE 6TH ST**  
83 **DEERFIELD BEACH**  
84 City **DEERFIELD BEACH FL** 85 Zip Code **33441**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Henry Gould* (NOTE: Registered Agent signature required when reinstating) DATE: **6/17/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SNODGRASS, CHRISTINE</b>	
STREET ADDRESS	<b>842 SE 19TH AVE #5</b>	
CITY - ST - ZIP	<b>DEERFIELD BEACH FL 33441</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOULD, HENRY</b>	
STREET ADDRESS	<b>842 SE 19 AVE #3</b>	
CITY - ST - ZIP	<b>DEERFIELD BEACH FL 33441</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BEAUDRY, MICHEL</b>	
STREET ADDRESS	<b>842 SE 19TH AVE #1</b>	
CITY - ST - ZIP	<b>DEERFIELD BEACH FL 33441</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Michel Beaudry* DATE: **6/17/96** Daytime Phone #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)