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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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  
842 SE 19TH AVE #3 DEERFIELD BEACH FL 33441 US  
1820 SE 6TH ST SUITE #1 DEERFIELD BEACH FL 33441-5006 US

3. Date Incorporated or Qualified 03/09/1979  
3a. Date of Last Report 06/25/1996  
4. FEI Number 59-1992122 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
GOULD, HENRY  
1820 SE 6TH ST  
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent  
81 Name ERIKA M. STURZ  
82 Street Address (P.O. Box Number is Not Acceptable) 842 SE 19TH AVE  
83 DEERFIELD BEACH  
84 City 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* HENRY GOULD *Erika M. Sturz* ERIKA M. STURZ 2/17/97  
DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ERIKA M. STURZ
1.3 STREET ADDRESS	842 SE 19TH AVE #5
1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Henry Gould* HENRY GOULD 2/17/97 DATE  
Daytime Phone: 0042683

CR2E037 (9/96)