## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

(8)

THE PARKSIDE CONDOMINIUM ASSOCIATION, INC.

## **FILED** Mar 03 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			- 1 (2011) 10011 41015 61161 11610 1611 4611 61611 6	-BIT WIENT BIBLI	1 BIBAL BIBLE IEBS
842 SE 19TH AVE 1820 SE 6TH ST					3. Date Incorporated or Qualified		
#3 SUITE #1   DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441					03/09/1979		
US	10H FL 33441	US			4. FEI Number		Applied For
					59-1992122		Not Applicable
2. Principal P	iace of Business S.E.19 <sup>Th</sup> ave	28. Mailing Address 28. 842.5.E. /	Tha	ve	5. Certificate of Status Desired		5 Additional Required
Suite, Apt.	₩, elc.	Suite, Apt. #, etc.	•		Election Campaign Financing     Trust Fund Contribution		O May Be d to Fees
City & State				h.FL	7. Is this nonprofit corporation a homeowne	ers associa	tion?
フ <sup>Zip</sup> フつ	Country	Zip	Countr	• ,	8. This corporation owes or has paid the ou		
24 55	9. Name and Address of Current	29   3.5777   3	0 15/0	xvara	Personal Property Tax due June 30.  10. Name and Address of New Registered	X Yes	□ No
	o. Harris and Hadres of Carrent	10. Halife and Made of Half Hogistalian	- Ingoin				
STURZ, ERIKAA M 62 Street Addre				ess (P.O. Box Number is Not Acceptable)	<del></del>		
842 SE 19TH AVE				1			
DEERFIE	ELD BEACH FL 33441			<u> </u>			
			84	City	FI	85 Z	ip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corragent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing pointment	g its registered as registered
SIGNATURE							
	Signature, typed or printed name of registered agen			ent signature require		D DIRECT	000 111 40
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	····	ADDITIONS/CHANGES TO OFFICERS AN	Chang	
NAME	STURZ, ERIKA M		1.2 NAME				,o 🗀 Addition
STREET ADDRESS	842 SW 19TH AVE. STE 5			T ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-	ı			
TITLE			2.1 TITLE	31-21	***	Chang	e Addition
NAME			2.2 NAME			_ •	
STREET ADDRESS	842 SE 19 AVE #3			T ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL		2.4 CITY-	-ST-ZIP			
TITLE	SD	☐ DELETE	3.1 TITLE			☐ Chang	e Addition
NAME	BEAUDRY, MICHEL		3.2 NAME				
STREET ADDRESS	842 SE 19TH AVE #1		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4. CITY	-ST-ZIP			
TITLE		DELETE	4.1 TITLE			Chang	e Addition
NAME			4. 2 NAM	:			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	e Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 City-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	e Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
AIDLAT TID			C 4 OITY	CT 710			

14. 1 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.