


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90009 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746190

1. Corporation Name
THE PARKSIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 842 SE 19TH AVE #5 DEERFIELD BEACH FL 33441 US	Mailing Address 1820 SE 6TH ST #5 DEERFIELD BEACH FL 33441 US
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2. Principal Place of Business 21	2a. Mailing Address 26 842 S.E. 19th Ave	3. Date Incorporated or Qualified 03/09/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #5	4. FEI Number 59-1992122
City & State 23	City & State 28 Deerfield Bch. FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33441	Country 30 Florida	

9. Name and Address of Current Registered Agent

STURZ, ERIKA M
842 SE 19TH AVE
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name Erika
82 Street Address (P.O. Box Number is Not Acceptable) SAME
83 SAME
84 City SAME
85 Zip Code FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STURZ, ERIKA M	
STREET ADDRESS	842 SW 19TH AVE. STE 5	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOULD, HENRY	
STREET ADDRESS	842 SE-19 AVE #3	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BEAUDRY, MICHEL	
STREET ADDRESS	842 SE 19TH AVE #1	
CITY-ST-ZIP	DEERFIELD BEACH FL	
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	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Kathy Basel
3.3 STREET ADDRESS	842 S.E. 19th Ave #2
3.4 CITY-ST-ZIP	DFID Bch. FL 33441
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 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, with all other like empowered.

SIGNATURE: *Erika Sturz* SIGNATURE REQUIRED *Erika Sturz* July 19, 1999 954-426-1964
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0118441
CR2E037 (5/99)