

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90033 036 \*\*\*\*61.25

**DOCUMENT # 746190**  
 1. Entity Name  
**THE PARKSIDE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **842 SE 19TH AVE #5 DEERFIELD BEACH FL 33441 US**  
 Mailing Address: **ERIKA WEDIN 1351 S.E. 5TH STREET DEERFIELD BEACH FL 33441**

**54020665**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number: **59-1992122** Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WEDIN, ERIKA  
 1351 SE 5TH STREET  
 DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: MARTIN, DIANA STREET ADDRESS: 842 SE 19 AVENUE #1 CITY-ST-ZIP: DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE: TD NAME: WEDIN, ERIKA STREET ADDRESS: 842 SE 19 AVENUE #5 CITY-ST-ZIP: DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE: SD NAME: SPILL, KIMBERLY STREET ADDRESS: 842 SE 19 AVENUE #2 CITY-ST-ZIP: DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE: V NAME: GOULD, HENRY STREET ADDRESS: 842 SE 19TH AVE #3 CITY-ST-ZIP: DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE: D NAME: BASEL, KATHY STREET ADDRESS: 842 SE 19TH AVE #4 CITY-ST-ZIP: DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Erika Wedin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-18-04**  
 Daytime Phone #: **954-426-1964**