


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90184 049 \*\*\*\*61.25

**DOCUMENT # 746190**

1. Entity Name  
**THE PARKSIDE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 842 SE 19TH AVE #1  
 DEERFIELD BEACH, FL 33441 US

Mailing Address  
 KATHY BASEL  
 842 SE 19TH AVE #2  
 DEERFIELD BEACH, FL 33441



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
*Dianna Martin*  
 Suite, Apt. #, etc.  
*842 SE 19th Ave #1*

01132007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

City & State  
*Deerfield Bch, FL*

Zip  
*33441*

Country  
*Broward*

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		7. Name and Address of New Registered Agent	
MARTIN, DIANNA 842 SE 19TH AVE # 1 DEERFIELD BEACH, FL 33441		Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, DIANA			NAME			
STREET ADDRESS	842 SE 19 AVENUE #1			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEDIN, ERIKA			NAME			
STREET ADDRESS	842 SE 19 AVENUE #5			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPILL, KIMBERLY			NAME			
STREET ADDRESS	842 SE 19 AVENUE #2			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOULD, HENRY			NAME			
STREET ADDRESS	842 SE 19TH AVE #3			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASEL, KATHY			NAME			
STREET ADDRESS	842 SE 19TH AVE #4			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOULD, JOAN R			NAME			
STREET ADDRESS	842 SE 19TH AVE #3			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Dianna Martin* *Dianna Martin* *1/13/07* *954-571-8494*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #