

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 746190

Entity Name: THE PARKSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

842 SE 19TH AVE #1
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

DIANNA MARTIN
842 SE 19TH AVE #1
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 59-1992122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, DIANNA
842 SE 19TH AVE # 1
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MARTIN, DIANA
Address: 842 SE 19 AVENUE #1
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: V () Delete
Name: WEDIN, ERIKA
Address: 842 SE 19 AVENUE #5
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: SD () Delete
Name: SPILL, KIMBERLY
Address: 842 SE 19 AVENUE #2
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: V () Delete
Name: GOULD, HENRY
Address: 842 SE 19TH AVE #3
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D () Delete
Name: BASEL, KATHY
Address: 842 SE 19TH AVE #4
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: P () Delete
Name: GOULD, JOAN R
Address: 842 SE 19TH AVE #3
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNA MARTIN

Electronic Signature of Signing Officer or Director

MS.

01/06/2009

Date