

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

001192

FIT 7/21-03 900 51

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



03 SEP 25 PM 3:29
043 #6125
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
842 SE 19TH AVE #5 DEERFIELD BEACH FL 33441 US **842 SE 19TH AVE #5 DEERFIELD BEACH FL 33441 US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. **Erika Wedin**
1351 S.E. 5th Street
City & State **Deerfield Bch. FL**



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country
33441 USA

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

7. Name and Address of New Registered Agent
Name **Erika Wedin**
Street Address (P.O. Box Number is Not Acceptable) **1351 S.E. 5th Street**
Deerfield Bch. FL 33441
City **Deerfield Bch.** State **FL** Zip Code **33441**

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 *Erika Wedin* DATE **8-31-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOULD, HENRY <input checked="" type="checkbox"/> Delete 842 SE 19 AVENUE #3 DEERFIELD BEACH FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete WEDIN, ERIKA 842 SE 19 AVENUE #5 DEERFIELD BEACH FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete SPILL, KIMBERLY 842 SE 19 AVENUE #2 DEERFIELD BEACH FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	PO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Diana Martin 842 S.E. 19th Ave #1 Deerfield Bch. FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Henry Gould 842 S.E. 19th Ave #3 Deerfield Bch FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Director Kathy Basel 842 S.E. 19th Ave #4 Deerfield Bch. FL 33441
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)(i), 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* DATE **8-31-03** **954-426-1964**

CR2E037 (4/03)