

FILE NOW: FILING FEE IS \$61.25

FILED

Sep 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **759856** (8)
1. Corporation Name
PARKSIDE CONDOMINIUM ASSOCIATION OF NAPLES, INC.



Principal Place of Business 1232 WOODRIDGE AVENUE NAPLES FL 33940	Mailing Address 1232 WOODRIDGE AVENUE NAPLES FL 34103-8922
---	--

3. Date Incorporated or Qualified 09/01/1981	3a. Date of Last Report 04/19/1996
4. FEI Number 59-2257957	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent LAGAN, EILEEN C. 1232 WOODRIDGE AVENUE NAPLES FL 33940	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
--	--

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 *Eileen C. Lagan* *Notary* **4/29/97**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME JEREZ, PATRICIA M		1.2 NAME	
STREET ADDRESS 862 7TH AVE. SOUTH		1.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		1.4 CITY-ST-ZIP	
TITLE STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME LAGAN, EILEEN C.		2.2 NAME	
STREET ADDRESS 1232 WOODRIDGE AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		2.4 CITY-ST-ZIP	
TITLE VD President	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME WILLIAMS, LINDA		3.2 NAME	
STREET ADDRESS 872 7TH AVE. SOUTH		3.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *Eileen C. Lagan* *Notary* **4/29/97**

CP2E037 (9/96)