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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759856

1. Corporation Name
PARKSIDE CONDOMINIUM ASSOCIATION OF NAPLES, INC.

556900 - 90096 - 17

Principal Place of Business	Mailing Address
~~1232 WOODRIDGE AVENUE NAPLES FL 33940~~	~~1232 WOODRIDGE AVENUE NAPLES FL 33940~~

2. Principal Place of Business: 21 2820 CARGO ST.	2a. Mailing Address: 26 P.O. Box 2065	3. Date Incorporated or Qualified: 09/01/1981
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27 882 7th AVE S.	4. FEI Number: 59-2257957 ☐ Applied For ☐ Not Applicable
City & State: 23 Fort Myers, FL	City & State: 28 NAPLES, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip: 24 33916 Country: 25 USA	Zip: 29 34106 Country: 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAGAN, EILEEN C. 1232 WOODRIDGE AVENUE NAPLES FL 33940	81 Name: Patricia M. Jerez 82 Street Address (P.O. Box Number is Not Acceptable): 882 7th. AVE S. 83 P.O. Box 2065 84 City: NAPLES FL 85 Zip Code: 34106

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 Patricia M. Jerez Treas/Sect [signature] DATE 5/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP NAME: JASCHOB, DENNIS STREET ADDRESS: 862 7TH AVE SOUTH CITY-ST-ZIP: NAPLES FL	☐ DELETE	1.1 TITLE: PD 1.2 NAME: Dennis Jaschob 1.3 STREET ADDRESS: 1040 N. Palm Ln Apt C 1.4 CITY-ST-ZIP: DElray Beach, FL 33445	☒ Change ☐ Addition
TITLE: STD NAME: ~~LAGAN, EILEEN C.~~ STREET ADDRESS: ~~1232 WOODRIDGE AVENUE~~ CITY-ST-ZIP: NAPLES FL	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: PD NAME: ~~WILLIAMS, LINDA~~ STREET ADDRESS: ~~872 7TH AVE. SOUTH~~ CITY-ST-ZIP: NAPLES FL	☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE: STD 4.2 NAME: Patricia M. Jerez 4.3 STREET ADDRESS: 882 7th. AVE. S. P.O. Box 2065 4.4 CITY-ST-ZIP: NAPLES, FL. 34106	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE: VPB 5.2 NAME: EDEN FOSTER 5.3 STREET ADDRESS: PO Box 2191 (N/A) 5.4 CITY-ST-ZIP: EAST HAMPTON, NY 11937	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: Patricia M. Jerez [signature] — SIGNATURE REQUIRED — Date 5/21/99 — Daytime Phone # (941) 336-2216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)