

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90973 029 ****61.25

DOCUMENT # 759856

1. Entity Name

PARKSIDE CONDOMINIUM ASSOCIATION OF NAPLES, INC.



Principal Place of Business

**2820 CARGO ST
FORT MYERS FL 33916**

Mailing Address

**PO BOX 2065
882 7TH AVE S
NAPLES FL 34106**

70024022



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

882 7th Ave S.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 2065

City & State

Naples, FL

City & State

4. FEI Number **59-2257957**

Applied For

Not Applicable

Zip

34106-2065

Country

Collier

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JEREZ, PATRICIA M
882 7TH AVE
PO BOX 2065
NAPLES FL 34106**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 agent applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **PDD** ☐ Delete
NAME **JASCHOB, DENNIS**
STREET ADDRESS **1040 N PALM LN APTC**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **STDD** ☐ Delete
NAME **JEREZ, PATRICIA**
STREET ADDRESS **882 7TH AVE S PO BOX 2065**
CITY-ST-ZIP **NAPLES FL 34106**

TITLE **VPD** ☒ Delete
NAME **FOSTER, EDEN**
STREET ADDRESS **PO BOX 2191**
CITY-ST-ZIP **EAST HAMPTON NY 11937**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VPD**
NAME **ANNA BROWN**
STREET ADDRESS **872 7th Ave S.**
CITY-ST-ZIP **Naples, FL 34102**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2003 (239)823-3234

CR2E037 (10/02)