

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90735 045 ****61.25

DOCUMENT # N03000009171 1. Entity Name PARKSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC. OF HILLSBOROUGH COUNTY					
Principal Place of Business 3626 ERINDALE DR VALRICO, FL 33594			Mailing Address 3626 ERINDALE DR VALRICO, FL 33594		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-0740307			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HASBINI, ALI 3626 ERINDALE DR VALRICO, FL 33594			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP APPELYARD, ROBERT 3626 ERINDALE DR VALRICO, FL 33594	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST POPOVICH, GAIL 3626 ERINDALE DR VALRICO, FL 33594	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NEJMAN, DAVID 3626 ERINDALE DR VALRICO, FL 33594	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: <i>Robert S. Appleyard</i> <i>02/23/04</i> <i>813-681-8419</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		