
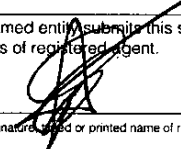
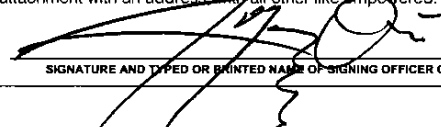


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90155 041 ****61.25

DOCUMENT # N13783					
1. Entity Name PARKSIDE OF FONTAINEBLEAU CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2510 NW 97 AVE, SUITE 200 DORAL, FL 33172			Mailing Address 2510 NW 97 AVE, SUITE 200 DORAL, FL 33172		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PIQUE, SILVIA 275 FOUNTAINBLEAU BLVD, #140 MIAMI, FL 33172				Name <i>ELIAN A LUQUEZ</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>Excel Management Assoc</i>	
				<i>2510 NW 97 Ave #200</i>	
				City <i>DORAL</i>	FL Zip Code <i>33172</i>
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 			<i>Agent of the Assoc</i>		<i>4/18/06</i>
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-ONA, CARLOS E		NAME		
STREET ADDRESS	9150 FONTAINEBLEAU BLVD, #108		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, FRANCISCO		NAME	<i>Munio, Hector</i>	
STREET ADDRESS	9110 FONTAINEBLEAU BLVD., #104		STREET ADDRESS	<i>9120 Fontainebleau Blvd #403</i>	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	<i>MIAMI, FL 33172</i>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROZ, MILAGROS		NAME		
STREET ADDRESS	9140 FONTAINEBLEAU BLVD., #201		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERNER, CHARLES		NAME	<i>Gomez, Fernando</i>	
STREET ADDRESS	9110 FONTAINEBLEAU BLVD, #402		STREET ADDRESS	<i>9140 Fontainebleau Blvd #403</i>	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	<i>MIAMI, FL 33172</i>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANAS, JOSE		NAME		
STREET ADDRESS	9110 FONTAINEBLEAU BLVD., #406		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>4-18-06</i>		<i>305 553-4968</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #