

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90031 022 ****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 - No P.O. Box #			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	
ALVAREZ, ELIANA EXCEL MGMT ASSOCIATION MIAMI, FL 33172				Name <i>Sylvia Pique</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>c/o 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>Sylvia Pique</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HECTOR, MUNIO	NAME			
STREET ADDRESS	9120 FONTAINEBLEAU BLVD 403	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP			
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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOMEZ, FERNANDO	NAME			
STREET ADDRESS	9140 FONTAINEBLEAU BLVD 403	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP			
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>[Signature]</i>			Date <i>2-11-08</i>		Daytime Phone # <i>305-553-4968</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>