

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90295 012 \*\*\*\*61.25

**DOCUMENT # N15977**



1. Entity Name  
**PARKSIDE VILLAS AT MEADOW WOODS  
HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business  
**1633 E. VINE ST., STE. 110  
KISSIMMEE, FL 34744 US**

Mailing Address  
**1633 E. VINE ST., STE. 110  
KISSIMMEE, FL 34744 US**

**50043139**



2. Principal Place of Business  
**8009 S. Orange Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**8009 S. Orange Ave**  
Suite, Apt. #, etc.

04142005 Chg-NP CR2E037 (10/03)

City & State  
**Orlando, FL**  
Zip  
**32809**  
Country  
**US**

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Zip  
**32809**  
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**US**

4. FEI Number  
**59-2823051**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LELAND MANAGEMENT  
1633 E. VINE ST., STE. 110  
KISSIMMEE, FL 34744**

**7. Name and Address of New Registered Agent**

Name  
**c/o Leland Management Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8009 S. Orange Ave**  
City  
**Orlando** **FL** Zip Code  
**32809**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD HOOK, SHARON 919 PARK VILLA CIR. ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUAREZ, ADOLPHO 884 PARK VILLA CIRCLE ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALFONSO, ROBERTO 914 PARK VILLA CIRCLE ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charles Castro 927 Park Villa Cr Orlando, FL 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Olga Torres 827 Park Villa Cr Orlando, FL 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #