

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001209 (4)**  
1. Corporation Name  
**PARKSIDE AT SPRING VALLEY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>3300 UNIVERSITY DR. CORAL SPRINGS FL 33065</b>	Mailing Address <b>3500 GATEWAY DRIVE SUITE #202 POMPANO BEACH FL 33069-4870</b>
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3. Date Incorporated or Qualified <b>03/14/1995</b>	3a. Date of Last Report <b>10/07/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	22. City & State	23. City & State	24. Zip	25. Country	26. Zip	27. Country	28. Zip	29. Country	30. Zip
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4. FEI Number <b>65-0479517</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**KINSEY, JOHN T  
2300 CORPORATE BLVD.  
#112  
BOCA RATON FL 33431**

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

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DANIEL ANDREACCI D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KINSEY, JOHN T</b>	1.2 NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>2300 CORPORATE BLVD., STE. 112</b>	1.3 STREET ADDRESS	<b>3500 GATEWAY DR #202</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	1.4 CITY-ST-ZIP	<b>POMPANO Bch, FL 33069</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EISNER, NEIL</b>	2.2 NAME	<b>THOMAS PAGNOTTA</b>
STREET ADDRESS	<b>3300 UNIVERSITY DR</b>	2.3 STREET ADDRESS	<b>3500 GATEWAY DR #202</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	2.4 CITY-ST-ZIP	<b>POMPANO Bch, FL 33069</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SECT/TREAS.</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAMPBELL, LES</b>	3.2 NAME	<b>CHARMIE DEAN D</b>
STREET ADDRESS	<b>3300 UNIVERSITY DR.</b>	3.3 STREET ADDRESS	<b>3500 GATEWAY DR #202</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	3.4 CITY-ST-ZIP	<b>POMPANO Bch, FL 33069</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIEL ANDREACCI</b>	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **2/21/97**

CR2E037 (9/96)