

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 3300 UNIVERSITY DR. CORAL SPRINGS FL 33065	Mailing Address 3500 GATEWAY DRIVE SUITE #202 POMPANO BEACH FL 33069
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3. Date Incorporated or Qualified 03/14/1995	
4. FEI Number 65-0479517	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 951 Broken Sound Pkwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 250
City & State 23	City & State 28 Boca Raton, FL
Zip 24	Zip 29 33487
Country 25	Country 30 Palm Bch

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 C.A.S 82 Street Address (P.O. Box Number is Not Acceptable) 951 Broken Sound Pkwy #250 83 84 City Boca Raton FL 85 Zip Code 33487
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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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME ANDREACCI, DANIEL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3500 GATEWAY DR #202	CITY-ST-ZIP POMPANO BCH FL	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE D	NAME PAGNOTTA, THOMAS	1.4 CITY-ST-ZIP	
STREET ADDRESS 3500 GATEWAY DR #202	CITY-ST-ZIP POMPANO BCH FL	2.1 TITLE VAD Neil Eisner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	2.2 NAME	
TITLE STD	NAME DEAN, CHARMIE	2.3 STREET ADDRESS 3500 GATEWAY DR #202	
STREET ADDRESS 3500 GATEWAY DR #202	CITY-ST-ZIP POMPANO BCH FL	2.4 CITY-ST-ZIP POMPANO BEACH, FL	
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD Cora Di Fiore	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS 3500 GATEWAY DR #202	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP POMPANO BEACH, FL	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. 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 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, drawn as an attachment with an address.

SIGNATURE: *[Signature]*

CR2E037 (10/97)