


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90166 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000005576					
1. Corporation Name PARKSIDE AT ROYAL PALM HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 3300 UNIVERSITY DRIVE #408 CORAL SPRINGS FL 33065			Mailing Address 3300 UNIVERSITY DRIVE #408 CORAL SPRINGS FL 33065		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/23/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0903690	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRODIE, SIDNEY Z ESQ. 7270 NW 12TH STREET PHH MIAMI FL 33126				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	D	MARGO, NEAL		1.1 TITLE		Change Addition	
NAME		3300 UNIVERSITY DRIVE #408		1.2 NAME			
STREET ADDRESS		CORAL SPRINGS FL 33065		1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	D	SAHLEY, THEODORE		2.1 TITLE		Change Addition	
NAME		3300 UNIVERSITY DRIVE #408		2.2 NAME			
STREET ADDRESS		CORAL SPRINGS FL 33065		2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	D	MARTY, SANDRA		3.1 TITLE		Change Addition	
NAME		3300 UNIVERSITY DRIVE #408		3.2 NAME			
STREET ADDRESS		CORAL SPRINGS FL 33065		3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE				4.1 TITLE		Change Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE		Change Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE		Change Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, or in an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED 4/29/99 752-1150

CR2E037 (1/98)