

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 27 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 713731 (8)

1. Corporation Name

PARKDALE MANOR HOUSE CONDOMINIUM CO., INC.

Principal Place of Business

Mailing Address

5510 NO OCEAN BLVD  
OCEAN RIDGE FL 33435

5510 NO OCEAN BLVD  
OCEAN RIDGE FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1967  
3a. Date of Last Report 04/27/1994

4. FEI Number 59-1284803  
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSMARIN, MELVIN  
5510 N. OCEAN BLVD., APT. 106  
OCEAN RIDGE FL 33435

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T  
NAME O'CONNELL, HELEN  
STREET ADDRESS 5510 N. OCEAN BLVD. #101  
CITY - ST - ZIP OCEAN RIDGE, FL 00000

1.1 TITLE  Change  Addition

SD  
NAME CACCESE, IDA  
STREET ADDRESS 5510 N OCEAN BLVD #108  
CITY - ST - ZIP OCEAN RIDGE, FL 00000

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

PD  
NAME ROSMARIN, MELVIN  
STREET ADDRESS 5510 N. OCEAN BLVD. #106  
CITY - ST - ZIP OCEAN RIDGE, FL 00000

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

DVP  
NAME BELOIN, JOHN  
STREET ADDRESS 5510 N OCEAN BLVD #114  
CITY - ST - ZIP OCEAN RIDGE, FL 00000

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an instrument with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone

Melvin Rosmarin

4/1/95

407 276-3220