

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 713731 (8)
1. Corporation Name
PARKDALE MANOR HOUSE CONDOMINIUM CO., INC.



Principal Place of Business
**5510 NO OCEAN BLVD
OCEAN RIDGE FL 33435**

Mailing Address
**5510 NO OCEAN BLVD
OCEAN RIDGE FL 33435**

3. Date Incorporated or Qualified
11/30/1967

3a. Date of Last Report
04/27/1995

4. FEI Number
59-1284803

Applied For
☐ Not Applicable

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

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

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

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

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	O'CONNELL, HELEN	
STREET ADDRESS	5510 N. OCEAN BLVD. #101	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CACCESE, IDA	
STREET ADDRESS	5510 N OCEAN BLVD #108	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROSMARIN, MELVIN	
STREET ADDRESS	5510 N. OCEAN BLVD. #106	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BELOIN, JOHN	
STREET ADDRESS	5510 N OCEAN BLVD #114	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	S. Ross Marsh
3.4 CITY-ST-ZIP	5510 N Ocean Blvd. Ocean Ridge, FL 33435
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Aubrey Raymond
5.4 CITY-ST-ZIP	5510 N Ocean Blvd. Ocean Ridge, FL 33435
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Ruth Colburn
6.4 CITY-ST-ZIP	5510 N Ocean Blvd. Ocean Ridge, FL. 33435

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Helen O'Connell*
Helen O'Connell
Treasurer 3/1/96

738-5392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)