

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90035 031 ****61.25

0051435

DOCUMENT # 713731

1. Entity Name

PARKDALE MANOR HOUSE CONDOMINIUM CO., INC.

Principal Place of Business

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

Mailing Address

**ASSOCIATION MANAGEMENT
7187 THOMPSON ROAD
LANTANA FL 33462**

00017160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1284803

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUCKABY, JANET
ASSOCIATION MANAGEMENT GROUP
7187 THOMPSON ROAD
LANTANA FL 33462**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Janet Huckaby

2-15-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME **O'Connell, Helen** ☐ Change ☒ Addition
STREET ADDRESS **5510 N Ocean Blvd**
CITY-ST-ZIP **Ocean Ridge, FL 33435**

TITLE
NAME **PD**
STREET ADDRESS **MARSH, S ROSS**
CITY-ST-ZIP **5510 N OCEAN BLVD # 112
OCEAN RIDGE FL** ☒ Delete

TITLE
NAME **T**
STREET ADDRESS **MARSH, Helen**
CITY-ST-ZIP **5510 N. Ocean Blvd # 112
Ocean Ridge, FL 33435** ☒ Change ☐ Addition

TITLE
NAME **DVP**
STREET ADDRESS **HERTEL, JERRY**
CITY-ST-ZIP **5510 N OCEAN BLVD, #107
OCEAN RIDGE FL 33435**

TITLE
NAME **DVP**
STREET ADDRESS **HERTEL, JERRY**
CITY-ST-ZIP **5510 N Ocean Blvd # 107
Ocean Ridge, FL 33435** ☐ Change ☐ Addition

TITLE
NAME **T**
STREET ADDRESS **BEVAN, JOHN**
CITY-ST-ZIP **5510 N OCEAN BLVD, #203
OCEAN RIDGE FL 33435** ☐ Delete

TITLE
NAME **PD**
STREET ADDRESS **BEVAN, JOHN**
CITY-ST-ZIP **5510 N Ocean Blvd # 203
Ocean Ridge, FL 33435** ☒ Change ☐ Addition

TITLE
NAME **D**
STREET ADDRESS **KISSLINGER, NANCY**
CITY-ST-ZIP **5510 N OCEAN BLVD #212
OCEAN RIDGE FL 33435** ☐ Delete

TITLE
NAME **D**
STREET ADDRESS **Kisslinger, Nancy**
CITY-ST-ZIP **5510 N Ocean Blvd #212
Ocean Ridge, FL 33435** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01 (561) 965-4486

Date

Daytime Phone #

CR2E037 (10/00)