

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 90742 001 *1,600.00

DOCUMENT # N01000008496

1. Entity Name

PARKSIDE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8000 GOVERNORS SQUARE BLVD STE 101
 MIAMI LAKES FL 33016

8000 GOVERNORS SQUARE BLVD STE 101
 MIAMI LAKES FL 33016

2. Principal Place of Business

1192 E. Newport Center Dr.

3. Mailing Address

Same as Principal

Suite, Apt. #, etc.

Suite, Apt. #, etc.

150

City & State
 Deerfield Beach, FL

City & State

Zip

33442

Country

Broward.

Zip

Country

4. FEI Number

48-1256432

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

~~RODRIGUEZ, JUAN E~~
 8000 GOVERNORS SQUARE BLVD STE 101
 MIAMI LAKES FL 33016

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 Juan E Rodriguez

(NOTE: Registered Agent signature required when reinstating)

4/25/02
 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 **DP** ☐ Delete
 NAME **HUMPHRIES, MICHAEL**
 STREET ADDRESS **8000 GOVERNORS SQUARE BLVD STE 101**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **DP** ☒ Change ☐ Addition
 NAME **Humphries, Michael**
 STREET ADDRESS **1192 E. Newport Center Dr. # 150**
 CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE **DV** ☐ Delete
 NAME **ROCA, RAFAEL**
 STREET ADDRESS **8000 GOVERNORS SQUARE BLVD STE 101**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **DV** ☒ Change ☐ Addition
 NAME **Roca, Rafael**
 STREET ADDRESS **1192 E. Newport Center Dr. # 150**
 CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE **DS** ☒ Delete
 NAME **SHARPSTEEN, CANDACE**
 STREET ADDRESS **8000 GOVERNORS SQUARE BLVD STE 101**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **DS** ☒ Change ☐ Addition
 NAME **Sharpsteen, Candace**
 STREET ADDRESS **1192 E. Newport Center Dr. # 150**
 CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE **T.** ☐ Delete
 NAME **GUERRA, FRANCES J**
 STREET ADDRESS **8000 GOVERNORS SQUARE BLVD STE 101**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **T.** ☒ Change ☐ Addition
 NAME **Guerra, Frances J.**
 STREET ADDRESS **1192 E. Newport Center Dr. # 150**
 CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

Date

Daytime Phone #

4/25/02

954-428-4854

CR2E037 (9/01)