

2002 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90157 004 ****61.25

DOCUMENT # 713731

1. Entity Name

PARKDALE MANOR HOUSE CONDOMINIUM CO., INC.

Principal Place of Business

Mailing Address

5510 NO OCEAN BLVD
 OCEAN RIDGE FL 33435

MANAGEMENT SERVICES OF THE PALM BEACHES
 5011 N. OCENA BLVD
 OCEAN RIDGE FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1284803

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

~~HUCKABY, JANET~~
~~ASSOCIATION MANAGEMENT GROUP~~
~~187 THOMPSON ROAD~~
~~MTANA FL 33462~~

Name

Gail Adams Aaskov

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

c/o Management Services

5011 N. Ocean Blvd.

City

Ocean Ridge

FL

Zip Code 33435

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

Gail Adams Aaskov
 Gail Adams Aaskov

4/15/02
 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

TITLE **D / VP** ☐ Delete
 NAME **O'CONNELL, HELEN**
 STREET ADDRESS **5510 N OCEAN BLVD #108**
 CITY-ST-ZIP **OCEAN RIDGE FL 33435**

TITLE **T** ☒ Delete
 NAME **MARSH, HELEN**
 STREET ADDRESS **5510 N OCEAN BLVD # 112**
 CITY-ST-ZIP **OCEAN RIDGE FL 33435**

TITLE **D / VP** ☐ Delete
 NAME **HERTEL, JERRY**
 STREET ADDRESS **5510 N OCEAN BLVD, #107**
 CITY-ST-ZIP **OCEAN RIDGE FL 33435**

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

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

TITLE **D** ☐ Delete
 NAME **Laviero, Dan**
 STREET ADDRESS **5550 N. Ocean Blvd. #118add**
 CITY-ST-ZIP **Ocean Ridge, FL 33435**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Gail Adams Aaskov
 Gail A Aaskov 4/15/02 561-9220
 Date Daytime Phone #

CR2E037 (9/01)