

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90412 016 \*\*\*\*61.25

<b>DOCUMENT # 713731</b> 1. Entity Name <b>PARKDALE MANOR HOUSE CONDOMINIUM CO., INC.</b>					
Principal Place of Business <b>5510 NO OCEAN BLVD OCEAN RIDGE, FL 33435</b>			Mailing Address <b>MANAGEMENT SERVICES OF THE PALM BEACHES 5011 N. OCENA BLVD OCEAN RIDGE, FL 33435</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>59-1284803</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>AASKOV, GAIL A C/O MANAGEMENT SERVICES 5011 N OCEAN BLVD OCEAN RIDGE, FL 33435</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS DVP</b> <b>O'CONNELL, HELEN</b> <b>5510 N OCEAN BLVD #108</b> <b>OCEAN RIDGE, FL 33435</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT Klement, Uri</b> <b>5510 N. Ocean Blvd. #214</b> <b>Ocean Ridge, FL 33435</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP DP</b> <b>LAVIERO, DAN</b> <b>5550 N OCEAN BLVD #11</b> <b>OCEAN RIDGE, FL 33435</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS Pasquariello, Ronald</b> <b>5510 N. Ocean Blvd. #212</b> <b>Ocean Ridge, FL 33435</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BEVEN, JOHN</b> <b>5510 N OCEAN BLVD, #203</b> <b>OCEAN RIDGE, FL 33435</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP D</b> <b>DEBOSIAN, EDWARD</b> <b>5510 N OCEAN BLVD #208</b> <b>OCEAN RIDGE, FL 33435</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>COLE, TOMMIE</b> <b>5510 N OCEAN BLVD</b> <b>BOYNTON BEACH, FL 33435</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>			<b>4/1/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Gail A. Askov</b>			Date <b>561-276-3220</b>		