

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 AUG -4 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N05000003596 1. Entity Name CITYSIDE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1771 CITYSIDE DRIVE WEST PALM BEACH, FL 33401		Mailing Address 1771 CITYSIDE DRIVE WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		07282008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 20-2709282	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SKRLD, INC. 201 ALHAMBRA CIRCLE STE 1102 CORAL GABLES, FL 33134		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD <input checked="" type="checkbox"/> Delete NAME ORLANDO, PATRICK STREET ADDRESS 1771 CITYSIDE DRIVE CITY-ST-ZIP WEST PALM BEACH, FL 33401	TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME JUAN PARRA STREET ADDRESS 1771 CITYSIDE DRIVE CITY-ST-ZIP WEST PALM Bch, FL 33401		
TITLE SD <input checked="" type="checkbox"/> Delete NAME BAKER, CHARLES STREET ADDRESS 1771 CITYSIDE DRIVE CITY-ST-ZIP WEST PALM BEACH, FL 33401	TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Anthony Carbone STREET ADDRESS 1771 Cityside Drive CITY-ST-ZIP WEST PALM Bch, FL 33401		
TITLE TD <input checked="" type="checkbox"/> Delete NAME KNIGHT, JOHNATHAN STREET ADDRESS 1771 CITYSIDE DRIVE CITY-ST-ZIP WEST PALM BEACH, FL 33401	TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME PATRICK Orlando STREET ADDRESS 1771 City side Drive CITY-ST-ZIP WEST PALM Bch, FL 33401		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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.			
SIGNATURE: _____		7-28-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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