

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746190

**Entity Name:** THE PARKSIDE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC0335271624**

**Current Principal Place of Business:**

842 SE 19TH AVE  
#1  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

842 SE 19TH AVE  
#1  
DEERFIELD BEACH, FL 33441 US

**FEI Number: 59-1992122**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GOULD, JOAN R  
842 SE 19TH AVE  
#3  
DEERFIELD BEACH, FL 33441 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           GOULD, JOAN MRS.  
Address       842 SE 19 AVENUE #3  
City-State-Zip: DEERFIELD BEACH FL 33441

Title           SECRETARY  
Name           WEDIN, ERIKA MRS.  
Address       842 SE 19 AVENUE #5  
City-State-Zip: DEERFIELD BEACH FL 33441

Title           D  
Name           SPILL, KIMBERLY MS.  
Address       842 SE 19 AVENUE #4  
City-State-Zip: DEERFIELD BEACH FL 33441

Title           TREASURER  
Name           MARTIN, DIANNA MS.  
Address       842 SE 19TH AVE #1  
City-State-Zip: DEERFIELD BEACH FL 33441

Title           D, DIRECTOR  
Name           LAZZARO, JAMES  
Address       842 SE 19TH AVE #2  
City-State-Zip: DEERFIELD BEACH FL 33441

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DIANNA L. MARTIN**

**TREASURER**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date