## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008496

Entity Name: PARKSIDE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

**FILED** Apr 01, 2015 **Secretary of State** CC5091349930

## **Current Principal Place of Business:**

C/O GRS MANAGEMENT ASSOCIATES . INC 3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463

## **Current Mailing Address:**

C/O GRS MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463 US

FEI Number: 48-1256432 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WYANT-CORTEZ & CORTEZ PA 840 US HWY ONE SUITE 345 NORTH PALM BEACH, FL 33408 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: LARRY CORTEZ 04/01/2015

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

, INC

Title Title PD

Name KANTER, CHARLES Name VALEGA, JULIO

C/O GRS MANAGEMENT ASSOCIATES C/O GRS MANAGEMENT ASSOCIATES Address Address

, INC

3900 WOODLAKE BLVD SUITE 309 3900 WOODLAKE BLVD SUITE 309

LAKE WORTH FL 33463 LAKE WORTH FL 33463 City-State-Zip: City-State-Zip:

Title Title **VPD** 

TRAVIS, MARIE MALAFA, RICHARD Name Name

Address C/O GRS MANAGEMENT ASSOCIATES Address C/O GRS MANAGEMENT ASSOCIATES , INC , INC

3900 WOODLAKE BLVD SUITE 309 3900 WOODLAKE BLVD SUITE 309

LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463 City-State-Zip:

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.