

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010985

Entity Name: PARKSIDE WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

928 E NEW HAVEN AVE
MELBOURNE, FL 32901

Current Mailing Address:

928 E NEW HAVEN AVE
MELBOURNE, FL 32901 US

FEI Number: 01-0834389

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPACE COAST PROPERTY MANAGEMENT OF BREVARD
928 E NEW HAVEN AVE
MELBOURNE, FL 32901 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 DIRECTOR
Name LEVY, KEN
Address 928 E NEW HAVEN AVE
City-State-Zip: MELBOURNE FL 32901

Title PRESIDENT
Name BILOTTI, ALBERT JR.
Address 928 E NEW HAVEN AVE
City-State-Zip: MELBOURNE FL 32901

Title TREASURER
Name NORTON, MICHAEL
Address 928 E NEW HAVEN AVE
City-State-Zip: MELBOURNE FL 32901

Title VP
Name ELSTE, MICHAEL
Address 928 E NEW HAVEN AVE
City-State-Zip: MELBOURNE FL 32901

Title SECRETARY
Name KETTERMAN, PATRICIA
Address 928 E NEW HAVEN AVE
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name ALLAIRE, RICHARD
Address 928 E NEW HAVEN AVE
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name FREY, ROBERT
Address 928 E NEW HAVEN AVE
City-State-Zip: MELBOURNE FL 32901

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: MICHAEL NORTON

TREASURER

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date