

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