

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010985

**FILED**  
**Feb 22, 2021**  
**Secretary of State**  
**1344198229CC**

**Entity Name:** PARKSIDE WEST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

401 MAPLEWOOD DR  
STE 23  
JUPITER, FL 33458

**Current Mailing Address:**

401 MAPLEWOOD DR  
STE 23  
JUPITER, FL 33458 US

**FEI Number: 01-0834389**

**Certificate of Status Desired: No**

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

ARIAS BOSINGER PLLC  
1900 HICKORY STREET, STE B  
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:** ARIAS BOSINGER

02/22/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RICHERT, ROBERT  
Address        401 MAPLEWOOD DR  
                  STE 23  
City-State-Zip: JUPITER FL 33458

Title            TREASURER  
Name            BILOTTI, ALBERT  
Address        401 MAPLEWOOD DR  
                  STE 23  
City-State-Zip: JUPITER FL 33458

Title            DIRECTOR  
Name            FREY, ROBERT  
Address        401 MAPLEWOOD DR  
                  STE 23  
City-State-Zip: JUPITER FL 33458

Title            VP  
Name            CARTER, ANGELA  
Address        401 MAPLEWOOD DR  
                  STE 23  
City-State-Zip: JUPITER FL 33458

Title            SECRETARY  
Name            WALTON, DERRICK  
Address        401 MAPLEWOOD DR  
                  STE 23  
City-State-Zip: JUPITER FL 33458

Title            DIRECTOR  
Name            MAZZA, SALVATOR  
Address        401 MAPLEWOOD DR  
                  STE 23  
City-State-Zip: JUPITER FL 33458

Title            DIRECTOR  
Name            SEECHEERAN, GINA  
Address        401 MAPLEWOOD DR  
                  STE 23  
City-State-Zip: JUPITER FL 33458

*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:** ROBERT RICHERT

**PRESIDENT**

02/22/2021

Electronic Signature of Signing Officer/Director Detail

Date