

**2015 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            PRESIDENT  
Name            LIPARINI, DAN  
Address        928 E NEW HAVEN AVE  
City-State-Zip: MELBOURNE FL 32901

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

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

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

Title            DAL  
Name            HOWARD, KEN  
Address        928 E NEW HAVEN AVE  
City-State-Zip: MELBOURNE FL 32901

Title            PRESIDENT  
Name            LIPARINI, DAN  
Address        928 E NEW HAVEN AVE  
City-State-Zip: MELBOURNE FL 32901

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

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

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*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: SONJA PEDRETTI**

**TREASURER**

**04/18/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DAL  
Name HOWARD, KEN  
Address 928 E NEW HAVEN AVE  
City-State-Zip: MELBOURNE FL 32901