2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPO	DRT

## DOCUMENT# N04000010985

## 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

## 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: AF	RIAS BOSINGER
---------------	---------------

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

OmeenDiree	Stor Detail.		
Title	PRESIDENT	Title	TREASURER
Name	RICHERT, ROBERT	Name	BILOTTI, ALBERT
Address	401 MAPLEWOOD DR STE 23	Address	401 MAPLEWOOD DR STE 23
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	JUPITER FL 33458
Title	DIRECTOR	Title	VP
Name	FREY, ROBERT	Name	CARTER, ANGELA
Address	401 MAPLEWOOD DR STE 23	Address	401 MAPLEWOOD DR STE 23
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	JUPITER FL 33458
Title	SECRETARY	Title	DIRECTOR
Name	WALTON, DERRICK	Name	MAZZA, SALVATOR
Address	401 MAPLEWOOD DR STE 23	Address	401 MAPLEWOOD DR STE 23
City-State-Zip:	JUPITER FL 33458	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

Date

Electronic Signature of Signing Officer/Director Detail

02/22/2021

Date

Certificate of Status Desired: No