2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010985

Entity Name: PARKSIDE WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

645 CLASSIC CT., STE 104
MELBOURNE, FL 32940

Current Mailing Address:

645 CLASSIC CT., STE 104
MELBOURNE, FL 32940

FEI Number: 01-0834389

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPACE COAST PROPERTY MANAGEMENT OF BREVARD
645 CASSIC CT., STE 104
MELBOURNE, FL 32940 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	Title	VP
Name	DAVIDSON, BRIAN J	Name	DAVIS, JACK II
Address	645 CLASSIC CT. STE. 104	Address	645 CLASSIC CT. STE. 104
City-State-Zip:	MELBOURNE FL 32940	City-State-Zip:	MELBOURNE FL 32940
Title	TREASURER	Title	SECRETARY
Name	NORTON, MICHAEL	Name	LEVY, KENNETH
Address	645 CLASSIC CT. STE. 104	Address	645 CLASSIC CT. STE. 104
City-State-Zip:	MELBOURNE FL 32940	City-State-Zip:	MELBOURNE FL 32940
Title	DAL	Title	DAL
Name	DARVIN, HOWARD	Name	BATSON, WILL
Address	645 CLASSIC CT. STE. 104	Address	645 CLASSIC CT. STE. 104
City-State-Zip:	MELBOURNE FL 32940	City-State-Zip:	MELBOURNE FL 32940
Title	DAL		
Name	LIPARINI, DAN		
Address	645 CLASSIC CT. STE. 104		
City-State-Zip:	MELBOURNE FL 32940		

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   04/02/2014
_____
Electronic Signature of Signing Officer/Director Detail   Date