

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005576

FILED
Mar 19, 2018
Secretary of State
CC6108803746**Entity Name:** PARKSIDE AT ROYAL PALM HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**% CONSOLIDATED COMMUNIT MANAGMENT
7124 NORTH NOB HILL RD
TAMARAC, FL 33321**Current Mailing Address:**% CONSOLIDATED COMMUNIT MANAGMENT
7124 NORTH NOB HILL RD
TAMARAC, FL 33321**FEI Number:** 65-0903690**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALANCY, STEVEN S
311 SE 13 ST
FORT LAUDERDALE, FL 33316 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 KAPATELIS, TOM
Address % CONSOLIDATED COMMUNIT
 MANAGMENT
 7124 NORTH NOB HILL RD
City-State-Zip: TAMARAC FL 33321Title TREASURER
Name WEINSTEIN, JOSH
Address 7124 N. NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321Title DIRECTOR
Name DELTORO, JOHN
Address % CONSOLIDATED COMMUNIT
 MANAGMENT
 7124 NORTH NOB HILL RD
City-State-Zip: TAMARAC FL 33321Title VP
Name LUSSIER, CINDY
Address 7124 N. NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321Title SECRETARY
Name MACHIN, SUSAN
Address % CONSOLIDATED COMMUNIT
 MANAGMENT
 7124 NORTH NOB HILL RD
City-State-Zip: TAMARAC FL 33321

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: TOM KAPATELIS

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03/19/2018_____
Electronic Signature of Signing Officer/Director Detail_____
Date