2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90412 016 ****61.25

DOCUMENT # 713731

1. Entity Name
PARKDALE MANOR HOUSE CONDOMINIUM CO., INC.

Principal Place of Business	Mailing Address
5510 NO OCEAN BLVD OCEAN RIDGE, FL 33435	MANAGEMENT SERVICES OF THE PALM BEACHES 5011 N. OCENA BLVD OCEAN RIDGE, FL 33435

03122007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1284803 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AASKOV, GAIL A C/O MANAGEMENT SERVICES 5011 N OCEAN BLVD OCEAN RIDGE, FL 33435	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PS~~ DVP O'CONNELL, HELEN 5510 N OCEAN BLVD #108 OCEAN RIDGE, FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Klement, Uri 5510 N. Ocean Blvd. #214 Ocean Ridge, FL 33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DT~~ DP LAVIERO, DAN 5550 N OCEAN BLVD #11 OCEAN RIDGE, FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Pasquariello, Ronald 5510 N. Ocean Blvd. #212 Ocean Ridge, FL 33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEVEN, JOHN 5510 N OCEAN BLVD, #203 OCEAN RIDGE, FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVP~~ D DEBOGOSIAN, EDWARD 5510 N OCEAN BLVD #208 OCEAN RIDGE, FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS COLE, TOMMIE 5510 N OCEAN BLVD BOYNTON BEACH, FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gail A. Aaskov 4/1/07 561-276-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gail A. Aaskov