

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90018 012 \*\*\*\*61.25

<b>DOCUMENT # 713731</b> 1. Entity Name <b>PARKDALE MANOR HOUSE CONDOMINIUM CO., INC.</b>					
Principal Place of Business <b>5510 NO OCEAN BLVD OCEAN RIDGE, FL 33435</b>			Mailing Address <b>MANAGEMENT SERVICES OF THE PALM BEACHES 5011 N. OCENA BLVD OCEAN RIDGE, FL 33435</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
03272008    Chg-NP                      CR2E037 (12/06)				4. FEI Number <b>59-1284803</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>AASKOV, GAIL A C/O MANAGEMENT SERVICES 5011 N OCEAN BLVD OCEAN RIDGE, FL 33435</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)                      DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D&amp;V.P.</b> <b>O'CONNELL, HELEN</b> <b>5510 N OCEAN BLVD #108</b> <b>OCEAN RIDGE, FL 33435</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>Terley, Tony</b> <b>5510 N. Ocean Blvd #111</b> <b>Ocean Ridge, FL 33435</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D&amp;P</b> <b>LAVIERO, DAN</b> <b>5550 N OCEAN BLVD #11</b> <b>OCEAN RIDGE, FL 33435</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>Klement Uri</b> <b>5510 N. Ocean Blvd #214</b> <b>Ocean Ridge, FL 33435</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BEVEN, JOHN</b> <b>5510 N OCEAN BLVD, #203</b> <b>OCEAN RIDGE, FL 33435</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Pasquariello, Ron</b> <b>5510 N. Ocean Blvd #212</b> <b>Ocean Ridge, FL 33435</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>DEBOSIAN, EDWARD</b> <b>5510 N OCEAN BLVD #208</b> <b>OCEAN RIDGE, FL 33435</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>COLE, TOMMIE</b> <b>5510 N OCEAN BLVD</b> <b>BOYNTON BEACH, FL 33435</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>			4/10/08                      561-276-3220		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date                      Daytime Phone #</small>		