FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name													
PARK SIDE MANOR "A" CONDOMINIUM, INC.													
Principal Place	e of Busines		Mailir	ng Address					. !				
170 SW 11TH AVE. 170 SW 11TH AVE.													
BLDG. A. APT. 6 HALLANDALE FL 33009 BLD.A-APT. 6 HALLANDALE FL 33009-5266													
US			US	US					3. Date Incorporated or Qualified 03/08/1973	3a. Date of Last Report 05/01/1996			
2. Principal P	lace of Busi	ness	⊢ ¬	2a. Mailing Address					4. FEI Number 59-1086648			oplied For	
Suite, Apt	4 -4-		26	Suite, Apt. #, etc.					39 1000048			ot Applicable	
22	W, OIC.		├	27					5. Certificate of Status Desired See Regulred Fee Regulred				
City & State	е	·		City & State					6. Election Campaign Financing \$5.00 May Be				
23			28						Trust Fund Contribution Added to Fees				
Zip	— ·		<u> </u>	Zip		Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24	9. Name and Address of Current			29 30 30 Segistered Agent			· · · · · ·		Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	9, (40)	- United 1000 OI	Out out Hogister	ou rigoni		81	Name		10. Hamb and Madress of How No	Biotolog	Agoin		
GANNIM		82 Street Add			ddre	ss (P.O. Box Number is Not Acceptat	ile)						
		ÆNUE, APT. 6							oo (i .o. pox tombo. io tix recopius				
HALLAN	IDALE FL 3	33009											
		•					City		<u> </u>	FL	85 Zip	Code	
11. Pursuant	to the provis	sions of Sections 6	17,0502 and 617.	1508, Florida Statu	tes, the at	I	e-named o	corpo	ration submits this statement for the p	urpose o	f changing i	ts registered	
office or r agent. I a	egistered af im familiar w	gent, or both, in th rith, and accept th	io State of Florida. e <mark>o</mark> bligations of, S	Such change was oction 617.0503, F	authorized Iorida Stat	d by utes	the corps 3.	oratio	ration submits this statement for the p n's board of directors. I hereby accep	ot the app	pointment as	registered	
SIGNATURE .													
Signature, typod or printed name of registered egent and title if applicable. (NOTL: Ro 12. OFFICERS AND DIRECTORS							gistored Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OF FICE HS AND DIRECTORS IN						
TITLE	P	011102	107110 0111011	DELETE			1.1 TITLE		VZλ	72.71(7) (17)	Change	Addition	
NAME	GATH, LEONARD						1.2 NAME		MARINO, LUC				
STREET ADDRESS		W. 11TH AVENU	E, APT 5	5 13			1.3 STREET ADDRESS		70 5W IMAVEN	116	APTA	10	
CITY-ST-ZIP		NDALE FL					T-ZIP	_/	ALLANDALE, FL	3300	2		
TITLE	TSD	043441134		DELETE	21 TII	ILE	ļ	D		٨	Change	Addition	
NAME		F, GANNIM	IT ADT A		2.2 NA			F	ITZ GIBBONS, I	TNA	lee.		
STREET ADDRESS		W. 11TH AVENU NDALE FL	E _I AP1. 6	•			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		10 SW //H. AVENIC	E, A	PT.#	14	
CITY-ST-ZIP TITLE	D	NUALE FL		DELETE			ST-ZIP	–₹	municipal, pe	, 22	Channe	Addition	
NAME	1 -	ELLA, MARGAR	ET		3.1 Til 3.2 N/			$\boldsymbol{\mathcal{P}}$	DALLOTACONO.	Mar	212-1-10	Automon	
STREET ADDRESS		W. 11TH AVENU					ADDRESS	7	70 5W 114 AVENU	מנוניו מי	Cor 4 G	57	
CITY-ST-ZIP		NDALE FL	•		3.4. C			j.	FALLANDALE, FL	330	09		
TITLE	D			☐ DELFTE	4.1 T/			λ	,		Change	Addition	
NAME	BRUNO				4. 2 N	AME	ľ		UPLINGER CHA 170 SW 11th AVEN FALLANDALE, FL	MM	CRS		
STREET ADDRESS		w. 11th avenu	e, apt.3		4.3 \$1	REET	ADDRESS	,	170 SW //H AVEN	ue,	APT	420	
City-St-ZiP	HALLAI	NDALE FL			4.4 CI	1Y-\$	T-ZIP	_	FALLANDALE, FL	33	009		
TITLE	D	105		☐ DELETE	5.1 TII		-		,		Change	Addition	
NAME	BALBO		IC		5.2 N/							į	
STREET ADDRESS		W. 11TH AVENU NDALE FL	'C				ADDRESS						
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NAME				Detect	6.2 N/		ţ				☐ Auguste	Agoilloil	
STREET ADDRESS	٠.						ADDRESS						
CITY-ST-ZIP							T-ZIP						
	by cartify the	at the information	cupplied with this	filing does not our				hale	in Section 119 07/3\(i) Florida Statute	c I furthe	r cortifu that	tho	

Tuo indepty certify that the information supplies with this filling does not quality for the exemption stated in Section 119.0/(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 in hanged, or on an attachment with an address.

FILED

May 20 1997 8:00am

Secretary of State