## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 05, 2006 8:00 am Secretary of State **DOGUMENT # 733266** 05-05-2006 90176 045 \*\*\*\*61.25 1. Entity Name PARK SIDE MANOR "C" CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address 250 S. W. 11TH AVE. HALLANDALE FL 33009 C/O SAVITRI RAMPAL 7840 SILVERADO CT DAVIE FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-1320357 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMPAL, SAVITRI Street Address (P.O. Box Number is Not Acceptable) 7840 SILVERADO CT DAVIÉ FL 33024 City 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS PID SHARIFF, GANNIM VP TITLE Delete TITLE Change Change ☐ Addition COTO, JUAN NAME NAME 7834 SILVERADO COURT STREET ADDRESS 3900 NW 79 AVE STREET ADDRESS **DAVIE FL 33024** CITY-ST-ZIE CITY-ST-ZIP DAVIE. FL 33024 STD ☐ Defete Change Addition TITLE TITLE RAMPAL, SAVITRI NAME 7840 SILVERADO CT STREET ADDRESS STREET ADDRESS DAVIE FL 33024 CITY-ST-7/P CITY-ST-ZIP Change □ Detete TITLE Addition TITLE SHARIFF, GANNIM NAME NAME STREET ADDRESS 7834 SILVERADO CT STREET ADDRESS CITY-ST-ZIP DAVIE FL 33024 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition HENIA, JOSEPH STREET ADDRESS 118 GLEN PKWY STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Delete □ Change ☐ Addition CABELLOS, NANCY NAME NAME 4891 SW 64TH WAY STREET ADDRESS STREET ADDRESS DAVIE FL 33314 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

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