

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 740774**

1. Entity Name  
**PARKSIDE EAST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 49586  
SARASOTA, FL 34230 US

Mailing Address

P.O. BOX 49586  
SARASOTA, FL 34230 US

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**



04172007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2176651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SAVARY, JOHNSON S JR  
1990 MAIN STREET, STE 700  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
KAPLAN, MARVIN  
50 CENTRAL AVENUE #178  
SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
BENNETT, MIKE  
7056 HAWKS HARBOR CIRCLE  
BRADENTON, FL 34207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BENNETT, DIANE  
7056 HAWKS HARBOR CIRCLE  
BRADENTON, FL 34207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000757379  
05/23/07-80069-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

941-587-9000