

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

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**



04282008 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, 2008**

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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD00000345915
05/30/08-80027-016 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

4/29/08
Date

941-587-9000
Daytime Phone #