


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 24, 2008 8:00 am**  
**Secretary of State**

06-24-2008 90001 004 \*\*\*\*61.25

<b>DOCUMENT # 741185</b>	
1. Entity Name <b>PARKSIDE TOWERS CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>220 S.W. 9TH AVE HALLANDALE, FL 33009</b>	Mailing Address <b>220 S.W. 9TH AVE HALLANDALE, FL 33009</b>
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**40109037**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05082008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1787273</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>TUCKER &amp; TIGHE, P.A. 800 EAST BROWARD BLVD STE 710 FORT LAUDERDALE, FL 33301</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   
Signature, typed or printed name of registered agent and title, if applicable.

**6-19-08**  
DATE

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
VP	CHERFRERE, AMOS	<input checked="" type="checkbox"/> Delete	PRESIDENT	CHERFRERE, AMOS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
220 SW 9TH ST AVE #314	220 SW 9TH ST AVE #314		220 SW 9TH AVE # 314	220 SW 9TH AVE # 314	
HALLANDALE, FL 33009	HALLANDALE, FL 33009		HALLANDALE Bch, FL 33009	HALLANDALE Bch, FL 33009	
VP	SVCHECKI, MALINA	<input checked="" type="checkbox"/> Delete	VICE PRESIDENT	KOURI, PATRICK	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3531 N PARK ROAD	3531 N PARK ROAD		2176 Kneifort Street	2176 Kneifort Street	
HOLLYWOOD, FL 33021	HOLLYWOOD, FL 33021		OTTAWA, Ont, CA K1G1H7	OTTAWA, Ont, CA K1G1H7	
BM	MCGARTH, KEVIN	<input checked="" type="checkbox"/> Delete	TREASURER/SECRETARY	ADAMS, TILLIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
220 SW 9TH AVE SUITE 517	220 SW 9TH AVE SUITE 517		220 SW 9TH AVE # 507	220 SW 9TH AVE # 507	
HALLANDALE, FL 33009	HALLANDALE, FL 33009		HALLANDALE Bch, FL 33009	HALLANDALE Bch, FL 33009	
BOD	PELLICAND, BARBARA L	<input checked="" type="checkbox"/> Delete	BOARD OF DIRECTORS	ROMERO, AMERICO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
220 SW 9TH ST AVE #118	220 SW 9TH ST AVE #118		1001 NE 14th AVE # 307	1001 NE 14th AVE # 307	
HALLANDALE, FL 33009	HALLANDALE, FL 33009		HALLANDALE Bch, FL 33009	HALLANDALE Bch, FL 33009	
BM	KOURT, PATRICK	<input checked="" type="checkbox"/> Delete	BOARD OF DIRECTORS	SAYIN, THERESA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2176 MELFORT STREET	2176 MELFORT STREET		220 SW 9TH AVE # 309	220 SW 9TH AVE # 309	
OTTAWA, ONT., CA	OTTAWA, ONT., CA		HALLANDALE Bch, FL 33009	HALLANDALE Bch, FL 33009	
BM	INSUA, RICARDO	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
220 SW 9TH AVE # 318	220 SW 9TH AVE # 318				
HALLANDALE, FL 33009	HALLANDALE, FL 33009				

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, 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: 	<b>6/17/08</b> DATE	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		