
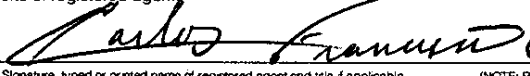
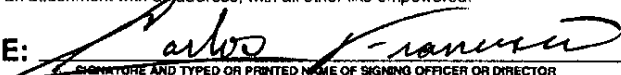


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90117 030 ****70.00

DOCUMENT # 758456 1. Entity Name PARK SIDE MANOR "D" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 280 SW 11TH AVE., #5 HALLANDALE BEACH, FL 33009 US			Mailing Address 17120 S.W. 62 COURT SOUTHWEST RANCHES, FL 33331		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2146672	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIDD, JOHN 17120 S.W. 62ND COURT SOUTHWEST RANCHES, FL 33331			7. Name and Address of New Registered Agent Name CARLOS FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 341 PALMETTO DRIVE City MIAMI SPRINGS FL Zip Code 33166		
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  (PRESIDENT) <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 06/27/2005	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KIDD, JOHN 17120 S.W. 62 COURT SOUTHWEST RANCHES, FL 33331	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCISCO, CARLOS - P 341 PALMETTO DRIVE MIAMI SPRINGS FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRIVIT, ALAN 541 BLUE HERON DR. #102-C HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COTO, JUAN - V 3900 NW 79 AV. DAVIE, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACEBO, AURELIO 280 S.W. 11 AVENUE, APT. 20 HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DENTE, MARIA - S/T 1985 S. OCEAN DR #16B HALLANDALE, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARAGH, ALAN 280 S.W. 11 AVENUE, APT. #8 HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEMOCHE, FAVIO - D 18700 NE 18 AV #104 N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARTHA 280 S.W. 11 AVENUE, APT. #16 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACEBO, ANA - D 712 SW 9 ST. HALLANDALE FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERVIS, JOSE 14372 N.W. 14 COURT PEMBROKE PINES, FL 32027	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 06/27/2005 DAYTIME PHONE # (305) 887-2637	

50054671



06032005 Chg-NP CR2E037 (10/03)