



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90101 038 ****61.25

DOCUMENT # 759856 1. Entity Name PARKSIDE CONDOMINIUM ASSOCIATION OF NAPLES, INC.					
Principal Place of Business 882 7TH AVE. SOUTH NAPLES, FL 34102				Mailing Address 882 7TH AVE. SOUTH 882 7TH AVE S NAPLES, FL 34102	
2. Principal Place of Business - No P.O. Box # 862 7th Ave. South		3. Mailing Address 862 7th Ave. S.		60009637 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01052007 Chg-NP CR2E037 (12/06)	
City & State Naples, FL		City & State Naples, FL		4. FEI Number 59-2257957	
Zip 34102		Country USA		Applied For Not Applicable	
Zip 34102		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOBROCK, HEATHER 882 7TH AVE. SOUTH NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Heather Hobrock Street Address (P.O. Box Number is Not Acceptable) 862 7th Avenue South City Naples FL Zip Code 34102	
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 <u>Heather Hobrock</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1-8-07	
Filing Fee is \$61.25 Due by May 1, 2007		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	PDD LAGAN, EILEEN C 1232 WOOD RIDGE AVE NAPLES, FL 34103 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDD HOBROCK, HEATHER 882 7TH AVE. SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 862 7th Avenue South Naples, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, ANNA 872 7TH AVE. S. NAPLES, FL 34102 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: <u>Heather Hobrock</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1-8-07	
				Daytime Phone # 239.370.3944	