

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759856

FILED
Jan 06, 2009
Secretary of State

Entity Name: PARKSIDE CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business:

862 7TH AVE SOUTH
NAPLES, FL 34102

New Principal Place of Business:

882 7TH AVE SOUTH
NAPLES, FL 34102

Current Mailing Address:

862 7TH AVE SOUTH
NAPLES, FL 34102

New Mailing Address:

882 7TH AVE SOUTH
NAPLES, FL 34102

FEI Number: 59-2257957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOBROCK, HEATHER
862 7TH AVE SOUTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

HUBBARD, ROBERT T STDD
882 7TH AVE SOUTH
NAPLES, FL 34102 US

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.

SIGNATURE: ROBERT T. HUBBARD

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDD () Delete
Name: LAGAN, EILEEN C
Address: 1232 WOOD RIDGE AVE
City-St-Zip: NAPLES, FL 34103

Title: STDD () Delete
Name: HOBROCK, HEATHER
Address: 862 7TH AVE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: VPD () Delete
Name: BROWN, ANNA
Address: 872 7TH AVE. S.
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STDD (X) Change () Addition
Name: HUBBARD, ROBERT T
Address: 882 7TH AVE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT T. HUBBARD

STDD

01/06/2009

Electronic Signature of Signing Officer or Director

Date