FILE NOW: FILING FEE IS $61.25

FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764596 (3)

1. Corporation Name

PARKSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
2801 NORTH MILITARY TRAIL BOCA RATON FL 33431	2801 NORTH MILITARY TRAIL BOCA RATON FL 33431

3. Date Incorporated or Qualified: 08/18/1982

4. FEI Number: 59-2279902 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAAG MANAGEMENT
2801 NORTH MILITARY TRAIL
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	DIRECTOR.	☐ Change ☒ Addition
NAME	WEYUKER, BEN		1.2 NAME	HEIDI BERK	
STREET ADDRESS	2035 PARKSIDE CIR S		1.3 STREET ADDRESS	1910 PARKSIDE CIR. S.	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOCA RATON, FLA 33486	
TITLE	T	☒ DELETE	2.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	ALBRECHT, ARTHUR		2.2 NAME	ALAN WISHNEFF	
STREET ADDRESS	1148 PARKSIDE CIR NORTH		2.3 STREET ADDRESS	1925 PARKSIDE CIR S.	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	BOCA RATON, FLA 33486	
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, ALLEN		3.2 NAME		
STREET ADDRESS	954 SW 21ST WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MCCORMICK, BRAD		4.2 NAME		
STREET ADDRESS	955 SW 21 WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROSENTHAL, STEPHEN		5.2 NAME		
STREET ADDRESS	772 PARKSIDE CIR NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 1-14-98 561-482-7008