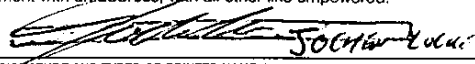


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90059 024 ****61.25

DOCUMENT # 764596 1. Entity Name PARKSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 2295 CORPORATE BLVD. NW SUITE 138 BOCA RATON, FL 33431				Mailing Address 2295 CORPORATE BLVD. NW SUITE 138 BOCA RATON, FL 33431	
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	4. FEI Number 59-2279902	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAAG MANAGEMENT 2295 NW CORPORATE BLVD., #138 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. (NOTE: Registered Agent signature required when reconstituting)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	LUCKE, JOCHEN			NAME	
STREET ADDRESS	761 PARKSIDE CIRCLE N			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP	
TITLE	VPD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	SEGEL, MARTIN			NAME	
STREET ADDRESS	1685 PARKSIDE CIRCLE S			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP	
TITLE	TD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	EHRNST, CRAIG			NAME	
STREET ADDRESS	1500 PARKSIDE CIRCLE S			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP	
TITLE	SD	☒ Delete		TITLE	☐ Change ☐ Addition
NAME	BLOOM, STEPHEN			NAME	
STREET ADDRESS	1970 PARKSIDE CIRCLE S			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	CONDE, CARLOS			NAME	
STREET ADDRESS	1945 PARKSIDE CIRCLE S			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP	
TITLE	SD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	GIBSON, HANK			NAME	
STREET ADDRESS	1970 PARKSIDE CIRCLE S			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP	
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}  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date 1/14/08 Daytime Phone #					

40007103



01042008 Chg-NP CR2E037 (12/06)