

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764596

FILED
Jan 27, 2009
Secretary of State

Entity Name: PARKSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2295 CORPORATE BLVD. NW
SUITE 138
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2295 CORPORATE BLVD. NW
SUITE 138
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 59-2279902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAAG MANAGEMENT
2295 NW CORPORATE BLVD., #138
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUCKE, JOCHEN
Address: 761 PARKSIDE CIRCLE N
City-St-Zip: BOCA RATON, FL 33486

Title: VPD () Delete
Name: SEGEL, MARTIN
Address: 1685 PARKSIDE CIRCLE S
City-St-Zip: BOCA RATON, FL 33486

Title: TD () Delete
Name: EHRNST, CRAIG
Address: 1500 PARKSIDE CIRCLE S
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: CONDE, CARLOS
Address: 1945 PARKSIDE CIRCLE S
City-St-Zip: BOCA RATON, FL 33486

Title: SD () Delete
Name: GIBSON, HANK
Address: 1970 PARKSIDE CIRCLE S
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUCKE, JOCHEN
Address: 761 PARKSIDE CIRCLE N
City-St-Zip: BOCA RATON, FL 33486

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

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

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

Title: SD (X) Change () Addition
Name: ASHTON, MARC
Address: 825 PARKSIDE CIRCLE N
City-St-Zip: BOCA RATON, FL 33486

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: JOCHEN LUCKE

PD

01/27/2009

Electronic Signature of Signing Officer or Director

Date