2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State
01-31-2003 90134 047 ****61.25

DOCUMENT # 764596

1. Entity Name

PARKSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
2295 CORPORATE BLVD. NW SUITE 136 BOCA RATON FL 33431	2295 CORPORATE BLVD. NW SUITE 138 BOCA RATON FL 33431

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		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 reinstating) DATE

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WEXELMAN, STUART 2040 SW 16TH PLACE BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DANIEL, JAMES 1440 PARKSIDE CIRCLE SOUTH BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MILLER, ROBERT 74 PARKSIDE CIRCLE NORTH BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CONDE, MACKSYNE 1945 PARKSIDE CIRCLE S BOCA RATON FL 33486	☒ Delete.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SWID, EVELYN 801 PARKSIDE CIR. N BOCA RATON, FL 33486	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORKMAN, LINDA 2220 SW 12 PLACE BOCA RATON FL 33486	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DESON, GORDON 1260 PARKSIDE AVE. BOCA RATON, FL 33486	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 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 REQUIRED 1/28/03 561-241-0285