

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764938

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** PAR SIDE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1303 SW 16TH TERR  
CAPE CORAL, FL 33991 US

**New Principal Place of Business:**

**Current Mailing Address:**

1303 SW 16TH TERR #102  
CAPE CORAL, FL 33991 US

**New Mailing Address:**

**FEI Number:** 65-0239360

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERNIER, KATHRYN  
1303 SW 16TH TERR #102  
CAPE CORAL, FL 33991 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: PD ( ) Delete  
Name: HANCZAR, ROBERT  
Address: 1303 SW 16TH TERR, #102  
City-St-Zip: CAPE CORAL, FL 33991

Title: VD ( ) Delete  
Name: GILMAN, KIM  
Address: 2220 SW 21ST STREET  
City-St-Zip: CAPE CORAL, FL 33991

Title: STD ( ) Delete  
Name: BERNIER, KATHRYN  
Address: 1303 SW 16TH TERR, #102  
City-St-Zip: CAPE CORAL, FL 33991

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: KATHRYN BERNIER

STD

02/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date