

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 767823 (8)
1. Corporation Name
PARKSIDE VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **7368 PARKSIDE VILLAS DR. BOX 3 ST. PETERSBURG FL 33709**
Mailing Address: **7368 PARKSIDE VILLAS DR. BOX 3 ST. PETERSBURG FL 33709**

3. Date Incorporated or Qualified: **04/06/1983**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-2377593**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**
27

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

City & State: **23**
28

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

Zip: **24** Country: **25**
29 Zip: **30** Country: **31**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TERESA L. CRATER
7217 PARKSIDE VILLAS DR.
ST. PETERSBURG FL 33709**

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: *Teresa L. Crater* **TREASURER** **5/11/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	CLARENCE R. KOHZ	
STREET ADDRESS	5422 PARKSIDE VILLAS DR W	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAM KOXL	
STREET ADDRESS	5443 PARKSIDE VILLAS DR E	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILLER, MARY JO	
STREET ADDRESS	7319 PARKSIDE VILLAGE DR N	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CRATER, TERESA	
STREET ADDRESS	7217 PARKSIDE VILLAS DR	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GINGER SHARP	
STREET ADDRESS	5419 PARKSIDE VILLAS, DR E	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANGELO FRANZONE	
STREET ADDRESS	7233 PARKSIDE VILLAS DR N	
CITY - ST - ZIP	ST. PETERSBURG FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lee Kohz	
1.3 STREET ADDRESS	7328 Parkside Villas Dr N.	
1.4 CITY - ST - ZIP	St. Pete. FL.	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ron Sterling	
2.3 STREET ADDRESS	5430 Parkside Villas Dr. E.	
2.4 CITY - ST - ZIP	St. Pete. FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed for on an attachment with an address.

SIGNATURE: *Teresa L. Crater* **TERESA L. CRATER, TREASURER** **5/11/96** **813-530-7200**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)