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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33709-1387
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/06/1983	3a. Date of Last Report 05/20/1996
21	26	4. FEI Number 59-2377593	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	28	29
Zip	Country	24	25
24	25	29	30

9. Name and Address of Current Registered Agent
TERESA L. CRATER
7217 PARKSIDE VILLAS DR.
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent
81 Name Mildred Denick
82 Street Address (P.O. Box Number is Not Acceptable)
7318 PARKSIDE VILLAS DR
83
84 City St. Petersburg FL 85 Zip Code 33709

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 Mildred M. Denick
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input checked="" type="checkbox"/>
NAME	KORTH, LEE	
STREET ADDRESS	7328 PARKSIDE VILLAS DR. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	SHERLING, RON	
STREET ADDRESS	5430 PARKSIDE VILLAS DR. E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/>
NAME	MILLER, MARY JO	
STREET ADDRESS	7319 PARKSIDE VILLAGE DR N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/>
NAME	CRATER, TERESA	
STREET ADDRESS	7217 PARKSIDE VILLAS DR	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/>
NAME	GINGER SHARP	
STREET ADDRESS	5419 PARKSIDE VILLAS, DR E	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	ANGELO FRANZONE	
STREET ADDRESS	7233 PARKSIDE VILLAS DR N	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	William Mitchell		
1.3 STREET ADDRESS	7236 Parkside Villa Dr		
1.4 CITY-ST-ZIP	St. Pete, FL 33709		
2.1 TITLE	V.P.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Jane Gale		
2.3 STREET ADDRESS	7228 Parkside Villas Dr.		
2.4 CITY-ST-ZIP	St. Pete, FL 33709		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	Treasurer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Mildred Denick		
4.3 STREET ADDRESS	7318 PARKSIDE VILLAS DR.		
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33709		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	SUSAN M. DENICK		
6.3 STREET ADDRESS	7318 PARKSIDE VILLAS DR.		
6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33709		

14. I do 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 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 if changed, or on an attachment with an address.
MILDRED M. DENICK

SIGNATURE: Mildred M. Denick 3/31/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050630

CR2E037 (9/96)