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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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3. Date Incorporated or Qualified 04/06/1983		3a. Date of Last Report 05/20/1996	
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2377593	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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	
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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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KORTH, LEE		1.2 NAME William Mitchell	
STREET ADDRESS 7328 PARKSIDE VILLAS DR. N. ST. PETERSBURG FL		1.3 STREET ADDRESS 7236 Parkside Villa Dr St. Pete, FL 33709	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHERLING, RON		2.2 NAME Jane Gale	
STREET ADDRESS 5430 PARKSIDE VILLAS DR. E. ST. PETERSBURG FL		2.3 STREET ADDRESS 7228 Parkside Villas Dr. St. Pete, FL 33709	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, MARY JO		3.2 NAME	
STREET ADDRESS 7319 PARKSIDE VILLAGE DR N ST. PETERSBURG FL		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CRATER, TERESA		4.2 NAME Mildred Denick	
STREET ADDRESS 7217 PARKSIDE VILLAS DR ST. PETERSBURG FL		4.3 STREET ADDRESS 7318 PARKSIDE VILLAS DR.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33709	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GINGER SHARP		5.2 NAME	
STREET ADDRESS 5419 PARKSIDE VILLAS, DR E ST. PETERSBURG FL		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ANGELO FRANZONE		6.2 NAME SUSAN M. DENICK	
STREET ADDRESS 7233 PARKSIDE VILLAS DR N ST. PETERSBURG FL		6.3 STREET ADDRESS 7318 PARKSIDE VILLAS DR.	
CITY-ST-ZIP		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.

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)