

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>7368 PARKSIDE VILLAS DR. BOX 3 ST. PETERSBURG FL 33709</b>	Mailing Address <b>7368 PARKSIDE VILLAS DR. BOX 3 ST. PETERSBURG FL 33709</b>
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3. Date Incorporated or Qualified <b>04/06/1983</b>
4. FEI Number <b>59-2377593</b>
Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**DENICK, MILDRED**  
**7318 PARKSIDE VILLAS DR**  
**ST. PETERSBURG FL 33709**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MITCHELL, WILLIAM</b> <b>7236 PARKSIDE VILLAS DR.</b> <b>ST. PETERSBURG FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GALE, JUNE</b> <b>7228 PARKSIDE VILLAS DR</b> <b>ST. PETERSBURG FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MILLER, MARY JO</b> <b>7319 PARKSIDE VILLAGE DR N</b> <b>ST. PETERSBURG FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DENICK, MILDRED</b> <b>7318 PARKSIDE VILLAS DR.</b> <b>ST. PETERSBURG FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GINGER SHARP</b> <b>5419 PARKSIDE VILLAS, DR E</b> <b>ST. PETERSBURG FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DENICK, SUSAN M.</b> <b>7318 PARKSIDE VILLAS DR.</b> <b>ST. PETERSBURG FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D</b> <b>CATHERINE PRANTE</b> <b>7335 PARKSIDE VILLAS DR.</b> <b>ST. PETERSBURG FL 33709</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D</b> <b>WILLIAM KORTH</b> <b>DELETE</b> <b>5443 PARKSIDE VILLAS DR.</b> <b>DELETE</b> <b>ST. PETERSBURG, FL 33709</b> <b>DELETE</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D</b> <b>NELL SNOW</b> <b>7119 PARKSIDE VILLAS DR. NORTH</b> <b>ST. PETERSBURG, FL 33709</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 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 **MILDRED M. DENICK** 42768 (813) 541-4052

CR2E037 (10/97)