

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90079 024 ****61.25

DOCUMENT # 767823

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/06/1983

4. FEI Number

59-2377593

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D
NAME PRANTE, CATHERINE
STREET ADDRESS 7335 PARKSIDE VILLAS DRIVE
CITY-ST-ZIP ST PETERSBURG FL 33709

TITLE VP
NAME GALE, JUNE
STREET ADDRESS 5443 PARKSIDE VILLAS DR
CITY-ST-ZIP ST PETERSBURG FL 33709

TITLE D
NAME SNOW, NELL
STREET ADDRESS 7119 PARKSIDE VILLAS DRIVE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33709

TITLE T
NAME DENICK, MILDRED
STREET ADDRESS 7318 PARKSIDE VILLAS DR.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D
NAME GINGER SHARP
STREET ADDRESS 5419 PARKSIDE VILLAS, DR E
CITY-ST-ZIP ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME MAIERITSCH, BRYAN
1.3 STREET ADDRESS 7342 PARKSIDE VILLAS DR.
1.4 CITY-ST-ZIP ST. PETERSBURG, FL, 33709

2.1 TITLE V.P.
2.2 NAME GALE, JANE
2.3 STREET ADDRESS 5443 PARKSIDE VILLAS DR.
2.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33709

3.1 TITLE P
3.2 NAME FOLTZ, BARBARA
3.3 STREET ADDRESS 5422 PARKSIDE VILLAS DR. W.
3.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33709

4.1 TITLE S
4.2 NAME MILLER, JODI
4.3 STREET ADDRESS 7319 PARKSIDE VILLAS DR. N.
4.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33709

5.1 TITLE D
5.2 NAME IRVINE, JANE
5.3 STREET ADDRESS 7144 PARKSIDE VILLAS DR. N
5.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33709

6.1 TITLE D
6.2 NAME WILLIAMS, CAY
6.3 STREET ADDRESS 5411 PARKSIDE VILLAS DR E.
6.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33709

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 727-544-5410
Date Daytime Phone #

CR2E037 (11/98)