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NONPROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

767874

(1)

PARKSIDE OWNERS ASSOCIATION, INC.

**S DAVID T. MCWILLIAMS 1790 NORTH A1A, SUITE 209 SATELLITE BEACH FL 32807 **S DAVID T. MCWILLIAMS 1790 NORTH A1A, SUITE 209 SATELLITE BEACH FL 32807 **SATELLITE BEACH		
1759 NORTH AIA, SUITE 209 SATELITE BEACH FL 32807 SATELITE BEACH	Mailing Address	J OLFAF 1800: DUDIL DOGLE BLUE BLUEL DEDTT DIDEL DADIL BADIL DIDEL DUDI
2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 30/01/1995 30/01/1995 30/01/1995 Applied 2a. 30/11/1995 36/01/1995 30/01/1995 36	1790 NORTH A1A. SUITE 209	
Silte, Apt. #, etc. Suite, Apt. #, etc. Toty & State City & State City & State City & State City & State Country Added to Fe Fee Require Trust Fund Contribution Trust Fund Contribution Added to Fe Fee Require Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Added to Fe Fee Require Trust Fund Contribution Trust Fund Address of New Registered Agent Trust Fund Address of New Registered Age	3. Date Incorpora	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Site, Apt. #, etc. Site		Applied For
City & State Signature MCWILLIAMS, DAVID T. 1790 NORTH A1A, SUITE 206 SATELLITE BEACH FL 32937 MCWILLIAMS, DAVID T. 1790 NORTH A1A, SUITE 206 SATELLITE BEACH FL 32937 MCWILLIAMS, DAVID T. 110 Name and Address of New Registered Agent City FL 85 Zip Code City		
28 Zip Zip Zip Country Signature Signa	5. Certificate of Si	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent MCWILLIAMS, DAVID T. 1790 NORTH A1A, SUITE 206 SATELLITE BEACH FL 32937 83 64 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the ebove-named corporation submits this statement for the purpose of changing its 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. Signature. Speed of priesd name of registered agent. Section 617.0503, Florida Statutes. SIGNATURE Signature, speed of priesd name of registered agent agent and steel autocable PD DELETE 11. ITLE MCWILLIAMS, DAVID T. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITLE MCWILLIAMS, DAVID T. 12. NAME MCWILLIAMS, DAVID T. 12. NAME MCWILLIAMS, DAVID T. 12. NAME MCWILLIAMS, DAVID T. 13. STREEL ADDRESS 1790 N. A1A 209 13. STREEL ADDRESS 1790 N. A1A 209 13. STREEL ADDRESS 14. City - 12. NAME 14. City - 12. NAME MCWILLIAMS, DAVID T. 12. NAME MCWILLIAMS, DAVID T. 12. NAME MCWILLIAMS, DAVID T. 13. STREEL ADDRESS 1779 N. A1A 209 13. STREEL ADDRESS 14. City - 12. NAME 14. City - 12. NAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITLE Change A MAME MCWILLIAMS, DAVID T. 22. ADME 23. STREEL ADDRESS 701 TRADEWINDS DRIVE 33. STREEL ADDRESS 701 TRADEWINDS DRIVE 33. STREEL ADDRESS 701 TRADEWINDS DRIVE 33. STREEL ADDRESS 701 TRADEWINDS DRIVE 13. STREEL ADDRESS 701 TRADEWINDS DRIVE 14. TITLE 15. Change A 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITLE 16. Change A 17. Change A 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITLE 17. Change A 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITLE 19. Change A 19. Change A 10. Change A 11. Pursuint to the provisions of Not Acceptable to the purpose of changing its re	The second of th	
S. Name and Address of Current Registered Agent MCWILLIAMS, DAVID T. 1790 NORTH A1A, SUITE 206 SATELLITE BEACH FL 32937 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 agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its registered 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 familier with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE Discriminary the obligations of, Section 617,0503, Florida Statutes. PO		on has liability for intangible tax under s. 199.032,
MCWILLIAMS, DAVID T. 1790 NORTH A1A, SUITE 206 SATELLITE BEACH FL 32937 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 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 arms of registered agent agent accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature Signature Signature Signature MCWILLIAMS, DAVID T. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE OFFICERS AND DIRECTORS IN 1 ITILE MCWILLIAMS, DAVID T. 12. NAME MCWILLIAMS, DAVID T. 12. YST DELETE 13. STREET ADDRESS 17. 90 N. A1A 209 13. STREET ADDRESS 17. 90 N. A1A 209 13. STREET ADDRESS 17. 90 N. A1A 209 13. STREET ADDRESS 17. 91 THADEWINDS DRIVE 22. NAME MCWILLIAMS, JOAN 22. NAME MCWILLIAMS, JOAN 32. NAME MCWILLIAMS, JOAN 32. NAME MCWILLIAMS, JOAN 32. NAME MCWILLIAMS, JOAN 33. STREET ADDRESS 1701 TRADEWINDS DRIVE 34. STITLE D		
MCWILLIAMS, DAVID T. 1790 NORTH A1A, SUITE 206 SATELLITE BEACH FL 32937 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 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. Remilier with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ITIE PD OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. ITIE Change A NAME MCWILLIAMS, DAVID T. 11. ACITY-S1-ZIP INTE VST OCHANGE 12. VST OCHANGE 13. STREET ADDRESS 1790 N. A1A 209 14. CITY-S1-ZIP INTE CITY-S1-ZIP INTE D OCHANGE ANAME MCWILLIAMS, JOAN 22. NAME MCWILLIAMS, JOAN 32. NAME MCWILLIAMS, JOAN 33. STREET ADDRESS 1NDIAN HARBOR BCH FL ANAME MCWILLIAMS, JOAN 33. STREET ADDRESS 1NDIAN HARBOR BCH FL ANAME MCWILLIAMS, JOAN 33. STREET ADDRESS 1NDIAN HARBOR BCH FL ANAME MCWILLIAMS, JOAN 33. STREET ADDRESS 1NDIAN HARBOR BCH FL ANAME MCWILLIAMS, JOAN 34. ACITY-S1-ZIP ANAME MCWILLIAMS, JOAN 35. STREET ADDRESS 1NDIAN HARBOR BCH FL ANAME MCWILLIAMS, JOAN 36. STREET ADDRESS 1NDIAN HARBOR BCH FL ANAME MCWILLIAMS, JOAN 37. NAME MCWILLIAMS, JOAN 38. STREET ADDRESS 1NDIAN HARBOR BCH FL ANAME MCWILLIAMS, JOAN 38. STREET ADDRESS 1NDIAN HARBOR BCH FL ANAME MCWILLIAMS, JOAN 36. ACITY-S1-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE ADDRESS 1NDIAN HARBOR BCH FL ANAME ACITY-S1-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE ADDRESS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE ADDRESS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE ADDRES		Idress of New Registered Agent
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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, with, and accept the obligations of Section 617.0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are with, and accept the obligations of Section 617.0503. Florida Statutes. SIGNATURE Signature, hybrid or protect name of registered agent accept the appointment as registered agent. Bignature required when releating to the purpose of changing its registered agent. Bignature required when releating to the purpose of changing its registered agent. Bignature required when releating to the purpose of changing its registered agent. Bignature required when releating to the purpose of changing its registered agent. Bignature required when releating to the purpose of changing its registered agent. Bignature required when releating to the purpose of changing its registered agent. Bignature required agent. Bignature required when releating to the purpose of changing its registered agent. Bignature required agent. Bignature requ	of wane	
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T1. 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 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. SIGNATURE Signature, hybrid or jointed name of registered agent and site if audiciable NOTE: Registered Agent aignature recurred when reinstating DATE	83	
or registered agent, or both, in the State of Honda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the if accidable NOTE: Registered Agent agent agent and accept the obligations of, Section 617.0503, Florida Statutes. NOTE: Registered Agent agent, product of directors. I have been remaining. DATE		FL
12.	orida. Such change was authorized by the corporation's board of directors, I hereby	ement for the purpose of changing its registered office y accept the appointment as registered agent. I am
12.	ACC T	
NAME		
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INDIAN HARBOR BCH FL	2.2 NAME	
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STATES ADDRESS . 5.3 STREET ADDRESS		
CITY-SF-ZIP 54 CITY-ST-ZIP		
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NAME 6.2 NAME		
STREET ADDRESS 63 STREET ADDRESS		
CITY-ST-ZIP 64 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 fur 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	ed with this filing is voluntarily furnished and does not qualify for the exemption states	id in Section 119.07(3)(k), Florida Statutes. I further

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 atlaethment with an address.

SIGNATURE:

DAVID T. MCWILLIAMS 2/2/17
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-777-5054