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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 767874 (1)
1. Corporation Name
PARKSIDE OWNERS ASSOCIATION, INC.



Principal Place of Business: % DAVID T. MCWILLIAMS, 1790 NORTH A1A, SUITE 209, SATELLITE BEACH FL 32937
Mailing Address: % DAVID T. MCWILLIAMS, 1790 NORTH A1A, SUITE 209, SATELLITE BEACH FL 32903-2606

3. Date Incorporated or Qualified: 04/08/1983
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields for Suite, Apt #, City & State, Zip, and Country.

4. FEI Number: 59-2379519
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MCWILLIAMS, DAVID T., 1790 NORTH A1A, SUITE 206, SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MCWILLIAMS, DAVID T.	1.1 TITLE	
NAME	1790 N. A1A 209	1.2 NAME	
STREET ADDRESS	SATELLITE BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VST MCWILLIAMS, JOAN	2.1 TITLE	
NAME	701 TRADEWINDS DRIVE	2.2 NAME	
STREET ADDRESS	INDIAN HARBOR BCH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MCWILLIAMS, JOAN	3.1 TITLE	
NAME	701 TRADEWINDS DRIVE	3.2 NAME	
STREET ADDRESS	INDIAN HARBOR BCH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MOSS, JOEL S.	4.1 TITLE	
NAME	484 OAKRIDGE DR	4.2 NAME	
STREET ADDRESS	INDIALANTIC FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *David T. McWilliams* 3/14/95 407-777-5054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018597

7 (9/96)