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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 767874					
1. Corporation Name PARKSIDE OWNERS ASSOCIATION, INC.					
Principal Place of Business 1790 HWY A1A SUITE 204 SATELLITE BEACH FL 32937 US			Mailing Address 1790 HWY A1A SUITE 204 SATELLITE BEACH FL 32937 US		
2. Principal Place of Business 21 517-B N. HARBOR City Blvd Suite, Apt. #, etc.		2a. Mailing Address 26 517-B N. HARBOR City Blvd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/08/1983	
22 City & State 23 MELBOURNE FL Zip Country 24 32935 25 USA		27 City & State 28 MELBOURNE FL Zip Country 29 32935 30 USA		4. FEI Number 59-2379519 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 Name 82 Street Address (P.O. Box Number is Not Acceptable) 517-B N. HARBOR City Blvd 83 84 City MELBOURNE 85 Zip Code FL 32935		
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 <input type="checkbox"/> DELETE NAME PD STREET ADDRESS MCWILLIAMS, DAVID T. CITY-ST-ZIP 1790 A1A SUITE 204 SATELLITE BEACH FL			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 517-B N. HARBOR City Blvd 1.4 CITY-ST-ZIP MELBOURNE FL 32935		
TITLE <input type="checkbox"/> DELETE NAME VST STREET ADDRESS MCWILLIAMS, JOAN CITY-ST-ZIP 701 TRADEWINDS DRIVE INDIAN HARBOR BCH FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS MCWILLIAMS, JOAN CITY-ST-ZIP 701 TRADEWINDS DRIVE INDIAN HARBOR BCH FL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS MOSS, JOEL S. CITY-ST-ZIP 484 OAKRIDGE DR INDIALANTIC FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99

Date

407-255-2516

Daytime Phone #

CR2E037 (11/98)