

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90033 015 ****61.25

DOCUMENT # 767874

1. Entity Name

PARKSIDE OWNERS ASSOCIATION, INC.

Principal Place of Business

517 B N HARBOR CITY BLVD
 MELBOURNE FL 32935

Mailing Address

517 B N HARBOR CITY BLVD
 MELBOURNE FL 32935-6837



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2379519

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCWILLIAMS, DAVID T.
1700 NORTH A1A, SUITE 206
SATELLITE BEACH FL 32937

Name

Street Address (P.O. Box Number is Not Acceptable)

517-B N. HARBOR City BLVD

City

MELBOURNE

FL

Zip Code

32935

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **MCWILLIAMS, DAVID T.**
 STREET ADDRESS **517 B N HARBOR CITY BLVD**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VST** Delete
 NAME **MCWILLIAMS, JOAN**
 STREET ADDRESS **701 TRADEWINDS DRIVE**
 CITY-ST-ZIP **INDIAN HARBOR BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MCWILLIAMS, JOAN**
 STREET ADDRESS **701 TRADEWINDS DRIVE**
 CITY-ST-ZIP **INDIAN HARBOR BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MOSS, JOEL S.**
 STREET ADDRESS **484 OAKRIDGE DR**
 CITY-ST-ZIP **INDIALANTIC FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00
 Date

321-255-5752
 Daytime Phone #

CR2E037 (9/99)