

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED Apr 10, 1998 8:00 am Secretary of State

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 32937

3. Date Incorporated or Qualified 04/08/1983 4. FEI Number 59-2379519 Applied For Not Applicable

2. Principal Place of Business 21 1790 Hwy A1A Suite, Apt. #, etc. 22 Suite 204 City & State 23 Zip Country 25 Mailing Address 26 1790 Hwy A1A Suite, Apt. #, etc. 27 Suite 204 City & State 28 Zip Country 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCWILLIAMS, DAVID T. 1790 NORTH A1A, SUITE 208 204 SATELLITE BEACH FL 32937

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include David T. McWilliams (PD), Joan McWilliams (VST), Joan McWilliams (D), and Joel S. Moss (D).

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes handwritten entry: 1790 A1A Suite 204.

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.

SIGNATURE: [Signature] SIGNATURE REQUIRED 4/3/98 407-777-5054

CR2E037 (10/97)